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(54) Title: THERAPEUTIC COMPOSITIONS COMPRISING HYALURONAN AND THERAPEUTIC ANTIBODIES AS WELL AS METHODS OF TREATMENT

(57) Abstract: The present invention relates generally to treatment and prophylactic protocols for cellular diseases or disorders, such as diseases and disorders associated with abnormal cellular proliferation. More particularly, the present invention provides compositions comprising therapeutic antibodies and hyaluronan and their use in the treatment or prophylaxis of cellular diseases and disorders.



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## **THERAPEUTIC COMPOSITIONS COMPRISING HYALURONAN AND THERAPEUTIC ANTIBODIES AS WELL AS METHODS OF TREATMENT**

### **BACKGROUND OF THE INVENTION**

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#### **FIELD OF THE INVENTION**

The present invention relates generally to treatment and prophylactic protocols for cellular diseases or disorders, such as diseases and disorders associated with abnormal cellular proliferation. More particularly, the present invention provides compositions comprising therapeutic antibodies and hyaluronan and their use in the treatment or prophylaxis of cellular diseases and disorders.

#### **DESCRIPTION OF THE PRIOR ART**

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All scientific citations, patents, patent applications and manufacturer's technical specifications referred to hereinafter are incorporated herein by reference in their entirety.

Cancer is a hyperproliferative cellular disease which occurs when a cell population replicates in the absence of normal genetic or biochemical control of the cell cycle. In the United States alone, 2,604,650 people died from cancer between 1990-1994, with more men (53%) than women (47%) affected. The most numerous cancer deaths were the result of cancer of the lung (~ 30%), colon and rectum (~ 11%), breast (~ 8%), and prostate (~ 6.5%). Among women, the most commonly occurring cancers are breast (31%), lung (12%), colon and rectum (12%), uterus (6%) and ovary (4%).

Historically, cancer treatment generally requires a therapeutic protocol comprising one or more of surgery, radiation and chemotherapy. More recently, therapeutic antibodies directed to cancer targets have been developed. These antibodies are used as parenteral cytotoxics and exhibit dose dependant efficacy and toxicity. Systemic chemotherapy is the main treatment available for localized or disseminated malignant disease. Chemotherapy,

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whether curative or palliative, requires multiple cycles of treatment where chemotherapeutic agents exhibit a dose-response effect and the cell kill correlates to the drug exposure.

- 5 The majority of therapeutic approaches to the development of tumor-selective treatments have focused on the morphological and functional differences between malignant and healthy tissues. Drugs designed to manipulate the morphological differences have relied upon the rapid proliferation of cancer cells which coincides with a requirement for an effective oxygen and nutrient supply often fulfilled by the process of neovascularization.
- 10 The resultant tumor vasculature is defective which allows the penetration of large molecules into the extravascular space and due to the poor intra-tumoral lymphatic drainage there can be a preferential accumulation of large compounds within the malignant site.
- 15 The functional requirement for tumor cells to be metabolically efficient and motile results in an over-expression of numerous tumor-specific receptors which can be used as a selective target for the active delivery of anti-cancer agents via specific ligands against these epitopes. One mechanism of overcoming the poor specificity of current cancer therapies has been the use of antibodies which are directed to tumor-specific receptors or
- 20 molecules, in addition, therapeutic antibodies have the potential to be effective agents in the treatment and prophylaxis of many diseases.

Humanized and deimmunized antibodies have great potential although generally are required to be delivered at a high dose and are expensive to produce. A prerequisite for

25 effective antibody targeting is that antibodies should be able to penetrate tissues. In addition, it is preferable to have a local controlled release method that delivers antibodies to the site of disease. However, formulation challenges often result when coupling antibodies with delivery vehicles. Antibody penetration is a particular problem with tumor-associated therapeutic antibodies and research has also shown that the high affinity

30 fragments can be retained in the periphery of tumors while medium and low affinity fragments appear to gain better penetration. In such cases, non-specific targeting of the

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antibody can become an issue.

As the development of monoclonal antibodies has moved away from mouse antibodies to chimeric, humanized and deimmunized antibodies, a reduction in anti-antibody response  
5 has been observed, however, potential concerns for repeated or chronic treatment exist in a clinical setting. Another possible side effect of antibody therapy is the cytokine release that is mediated through the recruitment of immune effector cells. There is a need, therefore, to develop antibody formulations which may improve efficacy or reduce side effects of antibodies or antibody fragments.

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## SUMMARY OF THE INVENTION

Throughout the specification, unless the context requires otherwise, the word “comprise”, or variations such as “comprising” or “comprises”, will be understood to imply the  
5 inclusion of the stated element or integer or group of elements or integers but not the exclusion of any other element or integer or group of elements or integers.

The present invention is predicated in part on the use of hyaluronan (HA) and its derivatives and synthesized and chemically modified forms and salts in combination with  
10 therapeutic antibodies or fragments, analogs, derivatives, portions, chimeras or deimmunized forms thereof to facilitate effective delivery of antibodies to the diseased site resulting in a minimally toxic but efficacious treatment regimen for proliferative cellular disease.

15 The present invention provides, therefore, antibody formulations and therapeutic and prophylactic protocols for cellular diseases and disorders.

Accordingly, one aspect of the present invention provides a formulation comprising HA or a derivative or synthesized or chemically modified form or salt thereof and a therapeutic  
20 antibody, or fragment, analog, derivative, portion, chimera or deimmunized form thereof and optionally one or more, pharmaceutically acceptable carriers, diluents and/or excipients.

Since HA is administered in high concentrations, there is a constant internalization of HA  
25 which means that any antibody which is in an equilibrium within the volumetric domain of the HA is co-internalized resulting in a concentrated intracellular release of the drug or pharmaceutical composition. In addition, the binding of HA to non-internalization receptors can facilitate the development of a HA/therapeutic antibody glycoconjugate that can ensure a prolonged retention of the antibody at the cell surface resulting in an enhanced  
30 availability to the antibody epitope.

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In accordance with the present invention, the combination of HA and an antibody facilitates improved efficacy of the antibody compared to use of the antibody in the absence of HA. "Improved efficacy" includes enhanced effectiveness at inhibiting the proliferation of cancer cells or rendering a cytotoxic effect upon cancer cells resulting in less tumor burden. The antibody formulations of the present invention are proposed to be useful in the treatment or prophylaxis of cellular diseases.

The present invention is predicated in part on the determination that HA and its derivatives, synthesized or chemically modified forms and salts thereof, not only inhibit cells *per se*, but also allow the safe administration of selected antibodies at standard, lower and higher doses to treat subjects including human and animals. *In vivo* administration of hyaluronan in combination with antibodies also enhances the therapeutic effect of these agents against cells that are refractory, thus preventing the subsequent emergence of multidrug resistance. Through the ability of HA to provide an alternative route of cellular internalization, i.e. *via* the lysosomal processing system, the combination of HA and therapeutic antibodies sensitize cells that would otherwise be resistant to the treatment through intrinsic or acquired resistance mechanisms.

Antibodies contemplated by the present invention include any antibodies which are specific for target cell types associated with, or having the potential to be associated with a cellular disease. Examples of such antibodies include: ABX-EGF; Alemtuzumab; Apolizumab; Bevacizumab; Cantuzumab; Cetuximab; cG250; cmc-544; Daclizumab; Epratuzumab; erlotinib; Gemtuzumab ozogamicin; hA20; HCBE-11; Hun901; Ibritumomab tiuxetan; IDEC 159; Infliximab; Lumiliximab; mAb 3F8; mAb b43.13; mAb BC8; mAb CC49-deltaCH2; mAb Ch14.18; mAb CP-675,206; mAb HeFi-1; mAb Hu3S193; mAb HuG1-M195; mAb huHMFG1; mAb J591; mAb MDX-CTLA4; mAb MiK-beta-1; MDX-010; MEDI-507; MLN2704; Pertuzumab; RAV12; Rituximab; SGN-30; SGN-40; Tositumomab; Trastuzumab (herceptin); TRM-1 (TRAIL R1 Mab); and Yttrium-ibritumomab.

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A particular embodiment of the subject invention is directed to an antibody formulation comprising HA and cetuximab.

Another particular embodiment provides an antibody formulation comprising HA and  
5 bevacizumab.

Even yet another particular embodiment provides an antibody formulation comprising HA and herceptin.

10 Still another aspect provides a formulation comprising HA or a derivative or synthesized or chemically modified form thereof and an antibody selected from the list in Table 1.

These formulations optionally further comprise one or more pharmaceutically acceptable carriers, excipients and/or diluents.

15 A particular embodiment of the subject invention is directed to a formulation wherein the hyaluronan or analog or derivative or synthesized or modified form thereof is in the molecular weight range of about 360 Daltons to 20,000 kDaltons.

20 A particular embodiment of the subject invention is directed to a formulation wherein the hyaluronan or analog or derivative or synthesized or modified form thereof is in the molecular weight range of about 360 Daltons to 2000 kDaltons.

A particular embodiment of the subject invention is directed to a formulation wherein the  
25 hyaluronan or analog or derivative or synthesized or modified form thereof is in the molecular weight range of about 20 kDaltons to 1,500 kDaltons.

A particular embodiment of the subject invention is directed to a formulation wherein the  
hyaluronan or analog or derivative or synthesized or modified form thereof is in the modal  
30 molecular weight range of about 860 kDaltons.

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A particular embodiment of the subject invention is directed to a formulation wherein the hyaluronan or analog or derivative or synthesized or modified form thereof and the antibody are not covalently bound.

- 5 A particular embodiment of the subject invention is directed to a formulation wherein the pH range of the composition is between pH 2.5 and 10.5.

A particular embodiment of the subject invention is directed to a formulation wherein the pH range of the composition is between pH 5.0 and 8.5.

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A particular embodiment of the subject invention is directed to a formulation wherein the antibody, fragment, derivative, portion, chimera or fully de-immunized form thereof is for use in the treatment or prophylaxis of a cellular proliferative disease.

- 15 A particular embodiment of the subject invention is directed to a formulation wherein the antibody, fragment, derivative or portion thereof is selected from the group of antibodies consisting of : ABX-EGF; Alemtuzumab; Apolizumab; Bevacizumab; Cantuzumab; Cetuximab; cG250; cmc-544; Daclizumab; Epratuzumab; erlotinib; Gemtuzumab ozogamicin; hA20; HCBE-11; Hun901; Ibritumomab tiuxetan; IDEC 159; Infliximab;  
20 Lumiliximab; mAb 3F8; mAb b43.13; mAb BC8; mAb CC49-deltaCH2; mAb Ch14.18; mAb CP-675,206; mAb HeFi-1; mAb Hu3S193; mAb HuG1-M195; mAb huHMFG1; mAb J591; mAb MDX-CTLA4; mAb MiK-beta-1; MDX-010; MEDI-507; MLN2704; Pertuzumab; RAV12; Rituximab; SGN-30; SGN-40; Tositumomab; Trastuzumab (herceptin); TRM-1 (TRAIL R1 Mab); and Yttrium-ibritumomab.

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A particular embodiment of the subject invention is directed to a formulation wherein the cellular proliferative disease is any one of cancer, neoplastic disease or any disease involving inflammation of tissue or release of inflammatory agents.

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A particular embodiment of the subject invention is directed to a formulation wherein the cellular proliferative disease results in one or more of a tumor, neoplasm, uncontrolled hyper-proliferation or metastasis.

5 A particular embodiment of the subject invention is directed to a formulation wherein the cellular proliferative disease is present in one or more organs or tissues including the breast, lung, prostate, kidney, skin, neural tissue, ovary, uterus, liver, pancreas, epithelial cells, gastric tissue, intestine, exocrine, endocrine, lymphatic system, hematopoietic system, head tissue and neck tissue.

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A particular embodiment of the subject invention is directed to a formulation wherein the cellular proliferative disease occurs in a mammal.

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A particular embodiment of the subject invention is directed to a formulation wherein the antibody is cetuximab.

A particular embodiment of the subject invention is directed to a formulation wherein the antibody is bevacizumab.

20 A particular embodiment of the subject invention is directed to a formulation wherein the antibody is herceptin.

A particular embodiment of the subject invention is directed to a formulation wherein the antibody is humanized.

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A particular embodiment of the subject invention is directed to a formulation for use in the treatment or prophylaxis of colorectal cancer.

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A particular embodiment of the subject invention is directed to a formulation wherein the mammal is selected from the group consisting of primate, bovine, canine, equine, feline and porcine animal.

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A particular embodiment of the subject invention is directed to a formulation wherein the primate is a human.

5 A particular embodiment of the subject invention is directed to a formulation wherein the composition is in oral, topical or parenteral form.

10 A particular embodiment of the subject invention is directed to a formulation wherein the oral form is presented as a tablet, pill, capsule, lozenge, troche, powder, granule, emulsion, liquid, aqueous or oily suspension, medicine, syrup, elixir or spray.

A particular embodiment of the subject invention is directed to a formulation wherein the topical form is administered in the form of a cream, lotion, emulsion, gel, film, spray, paste or ointment.

15 A particular embodiment of the subject invention is directed to a formulation wherein the parenteral form is administered by subcutaneous injection, aerosol, intravenous, intramuscular, intrathecal, intracranial, intrasternal injection or infusion techniques in the form of a liquid, ointment, suppository or pessary.

20 A particular embodiment of the subject invention is directed to a formulation together with a second agent or composition used in the treatment of cellular proliferative disease wherein the second agent is a chemotherapeutic agent or therapeutic antibody.

25 A particular embodiment of the subject invention is directed to a formulation wherein the second agent or composition is irinotecan or doxorubicin or fluorouracil or leucovorin or oxaliplatin or methotrexate or gemcitabine.

A particular embodiment of the subject invention is directed to a formulation wherein the bioavailability of the antibody, fragment, derivative or portion thereof is enhanced.

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- 10 -

A particular embodiment of the subject invention is directed to a formulation wherein the HA is administered prior or subsequent to the administration of the agent.

5 A particular embodiment of the subject invention is directed to a formulation wherein the HA is administered prior to the administration of the agent.

A particular embodiment of the subject invention is directed to a formulation wherein the HA is administered subsequent to the administration of the agent.

10 A particular embodiment of the subject invention is directed to a formulation wherein the HA is orally administered.

A particular embodiment of the subject invention is directed to a formulation wherein the HA is administered in an amount of about 0.01 to about 40 mg/kg of body weight.

15 A particular embodiment of the subject invention is directed to a formulation wherein the HA is administered in an amount of about 0.1 to about 27 mg/kg of body weight.

20 A particular embodiment of the subject invention is directed to a formulation together with a second composition used in the treatment of cellular proliferative disease wherein the second composition comprises a chemotherapeutic agent or therapeutic antibody.

25 A particular embodiment of the subject invention is directed to a formulation together with a second composition used in the treatment of cellular proliferative disease wherein the second composition comprises HA or a derivative or synthesized or chemically modified form or salt thereof and chemotherapeutic agent or therapeutic antibody.

30 A particular embodiment of the subject invention is directed to a formulation comprising a cetuximab and HA or a derivative or synthesized or chemically modified form or salt thereof together with a second component, irinotecan.

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In a related aspect, the present invention also provides methods of treatment or prophylaxis for cellular diseases in a subject, the method comprising administering to a subject in need thereof a therapeutic antibody or a fragment, derivative, portion, chimera or deimmunized  
5 form thereof and HA or an analog, a derivative or synthesized or chemically modified form or salt thereof for a time and under conditions for the symptoms of the cellular disease to be ameliorated.

In one embodiment, the present invention contemplates a method of treatment or  
10 prophylaxis of a subject with a cellular disease said method comprising administering to said subject an antibody formulation comprising HA and cetuximab.

Yet another embodiment of the instant invention relates to a method of treatment or prophylaxis of a cellular disease in a subject said method comprising administering to said  
15 subject an antibody formulation comprising HA and bevacizumab.

Still yet another embodiment of the instant invention relates to a method of treatment or prophylaxis of a cellular disease in a subject said method comprising administering to said  
20 subject an antibody formulation comprising HA and herceptin.

A particular embodiment of the subject invention is directed to a method of treatment or prophylaxis for cellular diseases in a subject, the method comprising administering to a subject in need thereof a therapeutic antibody or a fragment, analog, derivative, portion, chimera or fully de-immunized form thereof and HA or an analog, a derivative or  
25 synthesized or chemically modified form or salt thereof for a time and under conditions for the symptoms of the cellular disease to be ameliorated.

A particular embodiment of the subject invention is directed to a method wherein the hyaluronan or an analog or derivative or synthesized or modified form thereof is in the  
30 molecular weight range of 360 Dalton to 20,000 kDaltons.

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A particular embodiment of the subject invention is directed to a method wherein the hyaluronan or an analog or derivative or synthesized or modified form thereof is in the molecular weight range of about 360 Daltons to 2000 kDaltons.

- 5 A particular embodiment of the subject invention is directed to a method wherein the hyaluronan or an analog or derivative or synthesized or modified form thereof is in the molecular weight range of about 20 kDaltons to 1,500 kDaltons.

- 10 A particular embodiment of the subject invention is directed to a method wherein the hyaluronan or an analog or derivative or synthesized or modified form thereof is in the modal molecular weight range of about 860 kDaltons.

- 15 A particular embodiment of the subject invention is directed to a method wherein the hyaluronan or an analog or derivative or synthesized or modified form thereof and the antibody are not covalently bound.

A particular embodiment of the subject invention is directed to a method wherein the pH range of the composition is between pH 2.5 and 10.5.

- 20 A particular embodiment of the subject invention is directed to a method wherein the antibody, fragment, derivative or portion thereof is selected from the group of antibodies consisting of: ABX-EGF; Alemtuzumab; Apolizumab; Bevacizumab; Cantuzumab; Cetuximab; cG250; cmc-544; Daclizumab; Epratuzumab; erlotinib; Gemtuzumab; ozogamicin; hA20; HCBE-11; Hun901; Ibritumomab tiuxetan; IDEC 159; Infliximab;
- 25 Lumiliximab; mAb 3F8; mAb b43.13; mAb BC8; mAb CC49-deltaCH2; mAb Ch14.18; mAb CP-675,206; mAb HeFi-1; mAb Hu3S193; mAb HuG1-M195; mAb huHMFG1; mAb J591; mAb MDX-CTLA4; mAb MiK-beta-1; MDX-010; MEDI-507; MLN2704; Pertuzumab; RAV12; Rituximab; SGN-30; SGN-40; Tositumomab; Trastuzumab (herceptin); TRM-1 (TRAIL R1 Mab); and Yttrium-ibritumomab.

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A particular embodiment of the subject invention is directed to a method wherein the cellular proliferative disease is any one of cancer, neoplastic disease or any disease involving inflammation of tissue or release of inflammatory agents.

- 5 A particular embodiment of the subject invention is directed to a method wherein the cellular proliferative disease results in one or more of a tumor, neoplasm, uncontrolled hyper-proliferation or metastasis.

- 10 A particular embodiment of the subject invention is directed to a method wherein the cellular proliferative disease is present in one or more organs or tissues including the breast, lung, prostate, kidney, skin, neural tissue, ovary, uterus, liver, pancreas, epithelial cells, gastric tissue, intestine, exocrine, endocrine, lymphatic system, hematopoietic system, head tissue and neck tissue.

- 15 A particular embodiment of the subject invention is directed to a method wherein the cellular proliferative disease occurs in a mammal.

A particular embodiment of the subject invention is directed to a method wherein the antibody is cetuximab.

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A particular embodiment of the subject invention is directed to a method wherein the antibody is bevacizumab.

A particular embodiment of the subject invention is directed to a method wherein the antibody is herceptin.

25

A particular embodiment of the subject invention is directed to a method for the treatment or prophylaxis of colorectal cancer.

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A particular embodiment of the subject invention is directed to a method wherein the mammal is selected from the group consisting of primate, bovine, canine, equine, feline and porcine animal.

- 5 A particular embodiment of the subject invention is directed to a method wherein the primate is a human.

A particular embodiment of the subject invention is directed to a method wherein the treatment is administered orally, topically or parenterally.

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A particular embodiment of the subject invention is directed to a method wherein the orally administered form is tablet, pill, capsule, lozenge, troche, powder, granule, emulsion, liquid, aqueous or oily suspension, medicine, syrup, elixir or spray.

- 15 A particular embodiment of the subject invention is directed to a method wherein the topically administered form is a cream, lotion, emulsion, gel, film, spray, paste or ointment.

- 20 A particular embodiment of the subject invention is directed to a method wherein the parental administration is by subcutaneous injection, aerosol, intravenous, intramuscular, intrathecal, intracranial, intrasternal injection or infusion techniques in the form of a liquid, ointment, suppository or pessary.

- 25 A particular embodiment of the subject invention is directed to a method wherein the hyaluronan or an analog or a derivative or synthesized or modified form thereof is administered simultaneously, sequentially, prior to, in combination, during or subsequent to the administration of the antibody, fragment, derivative or portion thereof.

- 30 A particular embodiment of the subject invention is directed to a method wherein a second composition comprises a chemotherapeutic agent or therapeutic antibody.

- 15 -

A particular embodiment of the subject invention is directed to a method wherein a second composition comprises HA or a derivative or synthesized or chemically modified form or salt thereof and chemotherapeutic agent or therapeutic antibody.

- 5 A particular embodiment of the subject invention is directed to a method wherein the second agent or composition comprises HA formulated with irinotecan or doxorubicin or fluorouracil or leucovorin or oxaliplatin or methotrexate or gemcitabine.

- 10 A particular embodiment of the subject invention is directed to a method wherein the second agent or composition comprises HA formulated with any of the antibodies listed in Table 1.

- 15 A particular embodiment of the subject invention is directed to a method wherein the second agent or composition comprises irinotecan or doxorubicin or fluorouracil or leucovorin or oxaliplatin or methotrexate or gemcitabine.

- A particular embodiment of the subject invention is directed to a method wherein the second agent or composition comprises any of the antibodies in the group consisting of: ABX-EGF; Alemtuzumab; Apolizumab; Bevacizumab; Cantuzumab; Cetuximab; cG250; cmc-544; Daclizumab; Epratuzumab; erlotinib; Gemtuzumab ozogamicin; hA20; HCBE-  
20 11; Hun901; Ibritumomab tiuxetan; IDEC 159; Infliximab; Lumiliximab; mAb 3F8; mAb b43.13; mAb BC8; mAb CC49-deltaCH2; mAb Ch14.18; mAb CP-675,206; mAb HeFi-1; mAb Hu3S193; mAb HuG1-M195; mAb huHMFG1; mAb J591; mAb MDX-CTLA4; mAb MiK-beta-1; MDX-010; MEDI-507; MLN2704; Pertuzumab; RAV12; Rituximab;  
25 SGN-30; SGN-40; Tositumomab; Trastuzumab (herceptin); TRM-1 (TRAIL R1 Mab); and Yttrium-ibritumomab.

- A particular embodiment of the subject invention is directed to a method wherein the second agent or composition comprises the treatment regime FOLFOX (fluorouracil,  
30 leucovorin and oxaliplatin), FOLFIRI (comprising irinotecan, leucovorin and fluorouracil) and IFL (comprising irinotecan, fluorouracil and leucovorin).

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A particular embodiment of the subject invention is directed to a method wherein the bioavailability of the antibody, fragment, derivative or portion thereof is enhanced.

Another aspect of the subject invention is directed to use of a therapeutic antibody or a  
5 fragment, derivative, portion, chimera or fully de-immunized form thereof, in combination with HA or its derivatives or synthesized or chemically modified forms or salts in the manufacture of a medicament for the treatment or prophylaxis of cellular disease.

In particular, the antibody formulations of the present invention may be used in the  
10 treatment or prophylaxis of colon cancer.

Additionally, the formulations of the present invention may further comprise one or more further therapeutic agents, such as an anti-cancer agent, an anti-viral agent, an anti-bacterial agent, an anti-fungal agent, or any other agent which further facilitates the  
15 treatment or prophylaxis of the cellular disease or disorder.

In a further embodiment, the antibody formulation of the present invention is administered as part of combination therapy.

20 Yet another particular embodiment of the present invention provides a formulation comprising hyaluronan and cetuximab administer in combination with a second formulation comprising hyaluronan and a second antibody or chemotherapeutic agent or treatment regime.

25 Even yet another particular embodiment of the present invention relates to a formulation comprising hyaluronan and bevacizumab administer in combination with a second formulation comprising hyaluronan and a second antibody or chemotherapeutic agent or treatment regime.

30 Still yet another particular embodiment of the present invention relates to a formulation comprising hyaluronan and herceptin administer in combination with a second formulation

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comprising hyaluronan and a second antibody or chemotherapeutic agent or treatment regime.

Again, the formulations may further comprise one or more pharmaceutically acceptable  
5 carriers, excipients and/or diluents.

The present invention further contemplates delivery systems for the subject formulations. In one embodiment, the HA and antibody are maintained separately and are admixed just prior to administration. In this embodiment, the HA and antibody may be administered  
10 through a single body tissue-invasive inlet device or through multiple body tissue-invasive inlet devices such as but not limited to syringes and needles. Consequently, simultaneous or sequential administration of the HA and antibody, in either order, is part of the present invention.

15 The present invention further provides for the use of a therapeutic antibody or a fragment, derivative, portion, chimera or deimmunized form thereof, in combination with HA or its derivatives or synthesized or chemically modified forms or salts in the manufacture of a medicament for the treatment or prophylaxis of cellular disease.

## BRIEF DESCRIPTION OF THE FIGURES

**Figures 1 A and B** are a graphical representation illustrating the percentage change in tumor volume during the treatment of the mice bearing human colon cancer xenografts where the mice are treated with hyaluronan formulated with cetuximab (HyERB) or cetuximab (ERB) as sole agent. Figure 1 A shows antitumor activity of HyERB (150/0.25) and ERB (0.25) monotherapy in nude mice bearing LIM1215 human colon xenografts. Figure 1B demonstrates tumor response for ERB (0.5) and HyERB (150/0.5) during treatment (day 32). Points on graph marked 'a' denote the difference between treatment groups is statistically significant ( $p = < 0.05$ , t-test).

**Figure 2** is a graphical representation of % change in net body mass of the mice bearing human colon cancer xenografts where the mice are treated with hyaluronan formulated with cetuximab (HyERB) (150/0.5) or ERB (0.5) during treatment, day 32. Points on graph marked 'a' denote the difference between treatment groups is statistically significant ( $p = < 0.05$ , t-test).

**Figure 3** is a graphical representation of % survival of mice bearing human colon cancer xenografts where the mice are treated with hyaluronan formulated with cetuximab (HyERB) (150/0.5) or ERB (0.5).. Experimental endpoint was achieved at day 120 after the commencement of treatment where the % survival is expressed as the day of mouse death divided by .120 x 100. The survival data can be considered as a surrogate indicator of an increased therapeutic index.

**Figures 4 A and B** are a graphical representation of mice receiving the combination therapy, HA formulated with cetuximab (HyERB) with HA formulated with irinotecan (HyCAMP). Figure 4 A shows the treatments up to day 32 (the day of the last injection) after the commencement of treatment. Figure 4 B shows the same experiment until experimental endpoint, day 300 after the commencement of treatment. Note: areas where the difference between groups is significant ( $p = < 0.05$ , t-test) is denoted by 'a'.

**Figure 5** is a graphical representation of % change in net body mass in combination therapy, HA formulated with cetuximab (HyERB) with HA formulated with irinotecan (HyCAMP) until the experimental endpoint, day 300 after the commencement of treatment.

5

**Figure 6** is a graphical representation of the % mice surviving for the combination therapy, HA formulated with cetuximab (HyERB) with HA formulated with irinotecan (HyCAMP) until the experimental endpoint, day 300 after the commencement of treatment.

10 **Figure 7** is a graphical representation illustrating the percent change in tumor volume during the treatment of the mice until the end of treatment (day32) after the commencement of treatment with irinotecan/5-fluorouracil/leucovorin (IFL + saline), IFL + bevacizumab (BEV) and IFL + HyBEV (HA formulated with bevacizumab). 'a' denotes the difference between IFL + BEV and IFL + HyBEV response is significant (  $p < 0.05$ ,  
15 t-test)

**Figure 8** is a graphical representation of % change in net body mass for I after the commencement of treatment with irinotecan/5-fluorouracil/leucovorin (IFL + saline), IFL + bevacizumab (BEV) and IFL + HyBEV (HA formulated with bevacizumab). The  
20 difference between the IFL+saline group is significant from day 25 to 134 when compared to IFL+BEV and IFL+HyBEV. For the same period although a trend is observed where weight gain is better for mice receiving IFL + HyBEV when compared with those receiving IFL + BEV, these differences are not significant.

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## DETAILED DESCRIPTION OF THE INVENTION

Throughout this specification and the claims which follow, unless the context requires otherwise, the word "comprise", and variations such as "comprises" and "comprising", will  
5 be understood to imply the inclusion of a stated integer or step or group of integers or steps but not the exclusion of any other integer or step or group of integers or steps.

All scientific citations, patents, patent applications and manufacturer's technical specifications referred to hereinafter are incorporated herein by reference in their entirety.

10

Reference to any prior art in this specification is not, and should not be taken as, an acknowledgment or any form of suggestion the prior art forms part of the common general knowledge in any country.

15 It is to be understood that unless otherwise indicated, the subject invention is not limited to specific formulation components, manufacturing methods, biological materials or reagents, dosage regimens and the like, as such may vary. It is also to be understood that the terminology used herein is for the purpose of describing particular embodiments only and is not intended to be limiting.

20

As used in the subject specification, the singular forms "a", "an" and "the" include plural aspects unless the context clearly dictates otherwise. Thus, for example, reference to "a formulation" includes a single formulation, as well as two or more formulations; reference to "an agent" or "a reagent" includes a single agent or reagent, as well as two or more  
25 agents or reagents; reference to "the cancer cell" includes a single cancer cell or group or tissue of cancer cells; and so forth.

The terms "compound", "agent", "reagent", "pharmacologically active agent", "medicament", "therapeutic", "active" and "drug" are used interchangeably herein to refer  
30 to an antibody or other interactive molecule which is to be or is formulated with HA or its chemically synthesized derivatives thereof and which are useful in the treatment or

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prophylaxis of cellular diseases and disorders. The terms also encompass pharmaceutically acceptable and pharmacologically active ingredients of those active agents specifically mentioned herein. When the terms "agent", "reagent", "compound", "pharmacologically active agent", "medicament", "therapeutic", "active" and "drug" are  
5 used, then it is to be understood that this includes the active entity *per se* as well as pharmaceutically acceptable, pharmacologically active salts, chimeras and recombinant forms of the antibodies or HA.

Reference to an "agent", "chemical agent", "compound", "pharmacologically active agent",  
10 "medicament", "therapeutic", "active" and "drug" includes combinations of two or more active agents. A "combination" also includes multi-part such as a two-part composition where the agents are provided separately and given or dispensed separately or admixed together prior to dispensation. For example, a multi-part pharmaceutical pack may have two or more agents separately maintained. Hence, this aspect of the present invention  
15 includes combination therapy. Combination therapy includes the co-administration of the antibody and HA or the antibody, HA and other.

The terms "effective amount" and "therapeutically effective amount" of an agent as used herein mean a sufficient amount of the agent to provide the desired therapeutic or  
20 physiological or effect or outcome. Such an effect or outcome includes reduction or amelioration of the symptoms of cellular disease. Undesirable effects, e.g. side effects, are sometimes manifested along with the desired therapeutic effect; hence, a practitioner balances the potential benefits against the potential risks in determining what an appropriate "effective amount" is. The exact amount required will vary from subject to  
25 subject, depending on the species, age and general condition of the subject, mode of administration and the like. Thus, it may not be possible to specify an exact "effective amount". However, an appropriate "effective amount" in any individual case may be determined by one of ordinary skill in the art using only routine experimentation. Generally, the agent or agents is/are given in an amount and under conditions sufficient to  
30 reduce inflammation and/or proliferation of cells.

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The compositions and methods of the present invention are useful for increasing the sensitivity of cells to antibodies, such as those used in the treatment of cellular proliferative disease exemplified in Table 1. In particular the compositions and methods of the subject invention are useful for increasing the sensitivity of cells associated with cellular proliferative disorders, such as cancer. By increasing the efficacy without concomitant toxicity to non-cancer cells the present invention provides compositions and methods useful *inter alia* for treating cellular diseases such as cancer and preventing or reducing the chances of relapse and death as a result of cytotoxicity.

- 10 The term "subject" as used herein refers to any human or animal having a disease or condition which requires treatment with an antibody wherein the antibody has reduced efficacy relative to that desired. Generally, the subject is suffering from a cellular proliferative disorder, for example, cancer, neoplastic cell growth, etc. Reference to "cancer" includes a tumor or sarcoma as well as a hematological cancer such as leukemia.
- 15 Subjects for the purposes of the present invention include, but are not limited to, mammals (e.g. primates, including humans, bovine, canine, equine, feline and porcine animals) and preferably humans.

By "cell proliferative disorder" is meant that a cell or cells demonstrate abnormal growth, typically aberrant growth which may lead to a neoplasm or a cancer.

Cell proliferative disorders include, for example, neoplastic diseases, cancers (eg., cancers of the breast, lung, prostate, kidney, skin, neural, ovary, uterus, liver, pancreas, epithelial, gastric, intestinal, exocrine, endocrine, lymphatic, haematopoietic system or head and neck tissue), fibrotic disorders and the like.

Generally, neoplastic diseases are conditions in which abnormal proliferation of cells results in a mass of tissue called a neoplasm or a cancer. Neoplasms have varying degrees of abnormalities in structure and behaviour. Some neoplasms are benign while others are malignant or cancerous. An effective treatment of neoplastic disease represents a valuable contribution to the search for cancer preventive or curative procedures.

The compounds and methods of the present invention are also proposed to be used to treat other diseases associated with antibody and chemotherapeutic treatment such as neurodegenerative disorders, hormonal imbalance and the like. Therefore, the present invention encompasses methods for ameliorating the symptoms of a disorder associated with cell proliferation, neoplasms, cancers and the like, including treating a subject having the disorder, at the site of the disorder, with HA and an antibody in an amount sufficient to inhibit or ameliorate the cell's proliferation or the disorder.

As used herein a "cancer" refers to a group of diseases and disorders that are characterized by uncontrolled cellular growth (e. g. formation of cell mass) without any differentiation of those cells into specialized and different cells. Cancers which can be treated using the methods of the present invention include, without being limited to, ABL1 protooncogene, AIDS related cancers, acoustic neuroma, acute lymphocytic leukaemia, acute myeloid leukaemia, adenocystic carcinoma, adrenocortical cancer, agnogenic myeloid metaplasia, alopecia, alveolar soft-part sarcoma, anal cancer, angiosarcoma, aplastic anaemia, astrocytoma, ataxia-telangiectasia, basal cell carcinoma (skin), bladder cancer, bone cancers, bowel cancer, brain stem glioma, brain and CNS tumors, breast cancer, CNS tumors, carcinoid tumors, cervical cancer, childhood brain tumors, childhood cancer, childhood leukaemia, childhood soft tissue sarcoma, chondrosarcoma, choriocarcinoma, chronic lymphocytic leukaemia, chronic myeloid leukaemia, colorectal cancers, cutaneous t-cell lymphoma, dermatofibrosarcoma-protuberans, desmoplastic-small-round-cell-tumor, ductal carcinoma, endocrine cancers, endometrial cancer, ependymoma, esophageal cancer, Ewing's sarcoma, extra-hepatic bile duct cancer, eye cancer, eye: melanoma, retinoblastoma, fallopian tube cancer, fanconi anaemia, fibrosarcoma, gall bladder cancer, gastric cancer, gastrointestinal cancers, gastrointestinal-carcinoid-tumor, genitourinary cancers, germ cell tumors, gestational-trophoblastic-disease, glioma, gynaecological cancers, haematological malignancies, hairy cell leukaemia, head and neck cancer, hepatocellular cancer, hereditary breast cancer, histiocytosis, Hodgkin's disease, human papillomavirus, hydatidiform mole, hypercalcemia, hypopharynx cancer, intraocular melanoma, islet cell cancer, Kaposi's sarcoma, kidney cancer, Langerhan's-cell-

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histiocytosis, laryngeal cancer, leiomyosarcoma, leukaemia, li-fraumeni syndrome, lip cancer, liposarcoma, liver cancer, lung cancer, lymphedema, lymphoma, Hodgkin's lymphoma, non-Hodgkin's lymphoma, male breast cancer, malignant-rhabdoid-tumor-of-kidney, medulloblastoma, melanoma, Merkel cell cancer, mesothelioma, metastatic cancer, 5 mouth cancer, multiple endocrine neoplasia, mycosis fungoides, myelodysplastic syndromes, myeloma, myeloproliferative disorders, nasal cancer, nasopharyngeal cancer, neuroblastoma, neuroblastoma, neurofibromatosis, nijmegen breakage syndrome, non-melanoma skin cancer, non-small-cell-lung-cancer-(nsc), ocular cancers, oesophageal cancer, oral cavity cancer, oropharynx cancer, osteosarcoma, ostomy ovarian cancer, 10 pancreas cancer, paranasal cancer, parathyroid cancer, parotid gland cancer, penile cancer, peripheral-neuroectodermal-tumors, pituitary cancer, polycythemia vera, prostate cancer, rare-cancers-and-associated-disorders, renal cell carcinoma, retinoblastoma, rhabdomyosarcoma, Rothmund-Thomson syndrome, salivary gland cancer, sarcoma, schwannoma, Sezary syndrome, skin cancer, small cell lung cancer (sclc), small intestine cancer, soft tissue sarcoma, spinal cord tumors, squamous-cell-carcinoma-(skin), stomach 15 cancer, synovial sarcoma, testicular cancer, thymus cancer, thyroid cancer, transitional-cell-cancer-(bladder), transitional-cell-cancer-(renal-pelvis/-ureter), trophoblastic cancer, urethral cancer, urinary system cancer, uroplakins, uterine sarcoma, uterus cancer, vaginal cancer, vulva cancer, Waldenstrom's-macroglobulinemia or Wilms' tumor. As indicated 20 above, the term "cancer" covers tumors, sarcomas and leukemia's and all those terms may be used interchangeably.

The compounds of the present invention are utilized in pharmaceutical compositions by adding an effective amount of a compound to a suitable pharmaceutically acceptable 25 excipient, diluent or carrier. Use of the compounds and methods of the present invention are also useful prophylactically.

The term "antibody" as used herein refers to an immunoglobulin molecule or immunologically active portion thereof, i.e., an antigen-binding portion and includes parts, 30 domain antibodies, fragments, chimeras and deimmunized forms thereof. Examples of immunologically active portions of immunoglobulin molecules include scFV and dcFV

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fragments, F(ab) and F(ab')<sup>2</sup> fragments which are generated by treating the antibody with an enzyme such as papain or pepsin, respectively. The antibody can be a polyclonal, monoclonal, recombinant, e.g., a chimeric, humanized, deimmunized fully-human, non-human, e.g., murine, or single chain antibody. The antibody can be coupled to a toxin or  
5 imaging agent. Specifically, the antibodies of the instant invention are anti-cancer antibodies that have a therapeutic effect for a subject having a cell proliferative disorder, e.g., cancer. In specific embodiments, the antibodies are those listed in Table 1. In other  
10 embodiments, the antibodies bind a target listed in Table 1. In yet other embodiments, the antibodies are therapeutic antibodies that bind to a protein involved in the pathogenesis of cancer and have a beneficial effect for a subject. Chimeric, humanized, deimmunized but  
most preferably, completely human antibodies are desirable for therapeutic treatment of human patients.

TABLE 1

*Examples of antibodies for use in cellular proliferative diseases especially cancer.*

Generic Name	Trade name (or alternate name)	Target
ABX-EGF	Panitumumab	EGFR
Alemtuzumab	Campath	CD52
Apolizumab	Hu1D10	1D10
Bevacizumab	Avastin	VEGF
Cantuzumab		CanAg antigen
Cetuximab	Erbitux	EGFR
cG250	Rencarex	MN antigen
cmc-544		CD22
Daclizumab	Zenapax	CD25
Epratuzumab		CD22
erlotinib	Tarceva	EGFR
Gemtuzumab ozogamicin	Mylotarg	CD33
hA20		CD20
HCBE-11		LTBR
Hun901	BB-10901	CD56
Ibritumomab tiuxetan	Zevalin	CD20
IDEC 159		Tag72
Infliximab	Remicade	TNF
Lumiliximab		CD33
mAb 3F8		Ganglioside GD2
mAb b43.13		CA125
mAb BC8		CD45
mAb CC49-deltaCH2		TAG-72
mAb Ch14.18		Ganglioside GD2

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Generic Name	Trade name (or alternate name)	Target
mAb CP-675,206	CP-675	CTLA-4
mAb HeFi-1		CD30
mAb Hu3S193		Lewis-y antigen
mAb HuG1-M195		CD33
mAb huHMF1	R1549	Muc1
mAb J591		Prostate specific membrane antigen
mAb MDX-CTLA4		CTLA4
mAb MiK-beta-1		IL2 Receptor $\alpha$ chain
MDX-010		CTLA4
MEDI-507	Siplizumab	CD2
MLN2704		Prostate specific membrane antigen
Pertuzumab	rhuMab 2C4	Her2 dimerization domain
RAV12		Glycoprotein RAAG12
Rituximab	Rituxan	CD20
SGN-30		CD30
SGN-40		CD40
Tositumomab	Bexxar	CD20
Trastuzumab	Herceptin	Her2/neu
TRM-1 (TRAIL R1 Mab)		TRAIL-1 receptor
Yttrium-ibritumomab	Zevalin	CD20

An antibody (or fragment thereof) may also be conjugated to a therapeutic moiety such as a cytotoxin, a therapeutic agent or a radioactive ion. A cytotoxin or cytotoxic agent includes any agent that is detrimental to cells. Examples include Taxol, cytochalasin B, gramicidin D, ethidium bromide, emetine, mitomycin, etoposide, tenoposide, vincristine, vinblastine, colchicin, doxorubicin, daunorubicin, dihydroxy anthracin dione, mitoxantrone, mithramycin, actinomycin D, 1-dehydrotestosterone, glucocorticoids, procaine, tetracaine, lidocaine, propranolol, puromycin, maytansinoids, e.g., maytansinol (see U.S. Patent No. 5,208,020), CC-1065 (see U.S. Patent Nos. 5,475,092, 5,585,499,

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5,846,545) and analogs or homologs thereof. Therapeutic agents include, but are not limited to, antimetabolites (e.g., methotrexate, 6-mercaptopurine, 6-thioguanine, cytarabine and 5-fluorouracil decarbazine), alkylating agents (e.g., mechlorethamine, thioepa chlorambucil, CC-1065, melphalan, carmustine (BSNU) and lomustine (CCNU),  
5 cyclophosphamide, busulfan, dibromomannitol, streptozotocin, mitomycin C and cis-dichlorodiamine platinum (II) (DDP) cisplatin), anthracyclines (e.g., daunorubicin (formerly daunomycin) and doxorubicin), antibiotics (e.g., dactinomycin (formerly actinomycin), bleomycin, mithramycin and anthramycin (AMC)), DM-1, and anti-mitotic agents (e.g., vincristine, vinblastine, taxol and maytansinoids). Radioactive ions include,  
10 but are not limited to iodine, yttrium and praseodymium.

The methods of the present invention involve in one embodiment, (1) the administration of HA, prior to, together with, or subsequent to the administration of an antibody; or (2) the administration of a combination of HA and an antibody.

15

As used herein, the term "therapeutically effective amount" is meant an amount of a compound of the present invention effective to yield a desired therapeutic response. For example, to prevent cancer or treat the symptoms of cancer in a host or an amount effective to treat cancer.

20

The specific "therapeutically effective amount" will vary with such factors as the particular condition being treated, the physical condition of the patient, the type of mammal being treated, the duration of the treatment, the nature of concurrent therapy (if any), and the specific formulations employed and the antibody.

25

As used herein, a "pharmaceutical carrier" is a pharmaceutically acceptable solvent, suspending agent or vehicle for delivering the HA and/or chemotherapeutic agent to the animal or human. The carrier may be liquid or solid and is selected with the planned manner of administration in mind.

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As used herein, the term "cell" includes but is not limited to animal cells and particularly mammalian cells (e.g. human cells, mouse cells or rat cells).

5 The instant invention also provides compositions including one or more anti-cancer antibodies and derivatives, fragments and/or salts of HA. A number of derivatives and fragments of HA have been described in the literature and are intended to be included in the formulations and methods of the instant invention. HA may also be chemically modified or synthesized. HA may be referred to as a "polymer", "hyaluronic acid", "hyaluronate" or "hyaluronan".

10

Being a polymeric molecule, HA molecules may exhibit a range of varying molecule weights. HA formulations may, therefore, comprise molecules of different molecular weights. Almost any average of modal molecular weight formulation of HA may be effective in the methods of the present invention and the present invention is not limited to  
15 any particular size or size range of HA. HA having a modal molecular weight in the range 1 to 2 million daltons is considered particularly useful although the present invention is not so limited. Examples of useful molecular weights of HA include approximately in daltons  
360, 370, 380, 390, 400, 410, 420, 430, 440, 450, 460, 470, 480, 490, 500, 510, 520, 530, 540, 550, 560, 570, 580, 590, 600, 610, 620, 630, 640, 650, 660, 670, 680, 690, 700, 710,  
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15000000, 16000000, 17000000, 18000000, 19000000, 20000000 daltons.

Exemplary HA derivatives are those described in U.S. Patent No. 6,620,927 (thiol-  
modified hyaluronic acid derivatives); U.S. Patent No. 6,552,184 (crosslinked compounds  
25 of hyaluronic acid and the derivatives thereof); U.S. Patent No. 6,579,978 (sulphated  
compounds of hyaluronic acid and derivatives thereof); U.S. Patent No. 6,831,172 (cross-  
linked hyaluronic acids and hemisuccinylated derivatives thereof); U.S. Patent No. 6,027,741  
(sulfated hyaluronic acid and esters thereof); European Patent No. 0 138 572 (Hyaluronic  
acid fragments HYALECTIN and HYALASTINE); U.S. Patent No. 4,851,521 (hyaluronic  
30 acid esters with different aromatic aliphatic and/or araliphatic alcohols); U.S. Patent No.  
5,202,431 (partial esters of hyaluronic acid); U.S. Patent No. 5,676,964 (crosslinked

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hyaluronic acid polymers) and European Patent No. 0 265 116 (crosslinked esters of hyaluronic acid).

In addition to fragments and derivatives of hyaluronic acid, synthetic derivatives, i.e. semisynthetic derivatives may be used in the compositions and methods of the present invention. Exemplary semisynthetic derivatives of HA are esters of HA with alcohols of the aliphatic, araliphatic, heterocyclic and cycloaliphatic series, designated "HYAFF," that are described in U.S. Patent Nos. 4,851,521, 4,965,353, and 5,202,431, European Patent No. 0 341 745 and European Patent No. 0 216 453. The contents of each of the above-identified patents are expressly incorporated herein by reference.

The HA and antibody compositions and methods of the present invention may be administered orally, topically, or parenterally in dosage unit formulations containing conventional non-toxic pharmaceutically acceptable carriers, excipients, adjuvants and vehicles.

The compositions and methods contemplated by the present invention include oral forms presented as a tablet, pill, capsule, lozenge, troche, powder, granule, emulsion, liquid, aqueous or oily suspension, medicine, syrup, elixir or spray.

The composition for oral use may contain one or more agents selected from the group of sweetening agents, flavoring agents, coloring agents and preserving agents in order to produce pharmaceutically elegant and palatable preparations. The tablets contain the active ingredient in admixture with non-toxic pharmaceutically acceptable excipients which are suitable for the manufacture of tablets.

These excipients may be, for example, (1) inert diluents, such as calcium carbonate, lactose, calcium phosphate or sodium phosphate; (2) granulating and disintegrating agents, such as corn starch or alginic acid; binding agents, such as starch, gelatin or acacia; and lubricating agents, such as magnesium stearate, stearic acid or talc. These tablets may be uncoated or coated by known techniques to delay disintegration and absorption in the

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gastrointestinal tract and thereby provide a sustained action over a longer period. For example, a time delay material such as glyceryl monostearate or glyceryl distearate may be employed. Coating may also be performed using techniques described in the U.S. Patent Nos. 4,256,108; 4,160,452 and 4,265,874 to form osmotic therapeutic tablets for control  
5 release.

In addition, the methods and compositions contemplated by the present invention include topical forms administered as a cream, lotion, emulsion, gel, film, spray, paste or ointment.

10 Furthermore, the compositions and methods contemplated by the present invention include parenteral administration and as used herein includes subcutaneous injections, aerosol, intravenous, intramuscular, intrathecal, intracranial and intrasternal injection, administration and infusion techniques. Parental formulations or compositions may be in the form of a liquid, ointment, suppository or pessary.

15 The HA as well as the antibodies useful in the method of the invention can be administered, for *in vivo* application, parenterally by injection or by gradual perfusion over time independently or together. Administration may be intravenously, intraperitoneally, intramuscularly, subcutaneously, intracavity, or transdermally. For *in vitro* studies the  
20 agents may be added or dissolved in an appropriate biologically acceptable buffer and added to a cell or tissue.

Preparations for parenteral administration include sterile aqueous or non-aqueous solutions, suspensions, and emulsions. Examples of non-aqueous solvents are propylene glycol, polyethylene glycol, vegetable oils such as olive oil, and injectable organic esters  
25 such as ethyl oleate. Aqueous carriers include water, alcoholic/aqueous solutions, emulsions or suspensions, including saline and buffered media. Parenteral vehicles include sodium chloride solution, Ringer's dextrose, dextrose and sodium chloride, lactated Ringer's intravenous vehicles include fluid and nutrient replenishers, electrolyte  
30 replenishers (such as those based on Ringer's dextrose), and the like. Preservatives and

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other additives may also be present such as, for example, anti-microbials, anti-oxidants, chelating agents, growth factors and inert gases and the like.

The compositions of the present invention may further comprising one or more  
5 chemotherapeutic agents or agents to reduce pain.

It is envisioned that the invention is used to treat pathologies associated cell proliferative disorders, including, for example, neoplasms, cancers (eg., cancers of the breast, lung, prostate, kidney, skin, neural, ovary, uterus, liver, pancreas, epithelial, gastric, intestinal,  
10 exocrine, endocrine, lymphatic, haematopoietic system or head and neck tissue), fibrotic disorders and the like.

The compounds and methods of the present invention may also be used to treat other diseases associated with cancer treatment such as neurodegenerative disorders, hormonal  
15 imbalance and the like. Therefore, the present invention encompasses methods for ameliorating a disorder associated with cell proliferation, neoplasms, cancers and the like, including treating a subject having the disorder, at the site of the disorder, with HA and an antibody in an amount sufficient to inhibit or ameliorate the cell's proliferation or the disorder.

20 Generally, the terms "treating", "treatment" and the like are used herein to mean affecting a subject, tissue or cell to obtain a desired pharmacologic and/or physiologic effect. The effect may be prophylactic in terms of completely or partially preventing a cell proliferative disorder or sign or symptom thereof, and/or may be therapeutic in terms of a  
25 partial or complete cure for a disorder and/or adverse effect attributable to, for example, aberrant cell proliferation. "Treating" as used herein covers any treatment of, or prevention of a cell proliferative disorder in a vertebrate, a mammal, particularly a human, and includes: (a) preventing the disorder from occurring in a subject that may be predisposed to the disorder, but has not yet been diagnosed as having it; (b) inhibiting the disorder, i. e.,  
30 arresting its development; or (c) relieving or ameliorating the disorder, i.e., cause regression of the disorder.

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The present invention includes various pharmaceutical compositions useful for ameliorating cell proliferative disorder, including neoplasms, cancers and the like. The pharmaceutical compositions according to one embodiment of the subject invention are prepared by bringing HA, analogs, derivatives or synthesized or chemically modified forms thereof or salts thereof and one or more antibodies e.g., anti-cancer antibodies such as those identified in Table 1, or combinations of HA and one or more antibodies into a form suitable for administration to a subject using carriers, excipients and additives or auxiliaries. Also contemplated by the present inventions is a combination of HA with one or more antibodies together with one or more non-antibody-chemotherapeutic agent, such as, for example, paclitaxel, analgesics, opiates, hormones or antibiotics and the like. Additionally or alternatively, the formulation may comprise a pain relieving agent.

Frequently used "carriers" or "auxiliaries" include magnesium carbonate, titanium dioxide, lactose, mannitol and other sugars, talc, milk protein, gelatin, starch, vitamins, cellulose and its derivatives, animal and vegetable oils, polyethylene glycols and solvents, such as sterile water, alcohols, glycerol and polyhydric alcohols. Intravenous vehicles include fluid and nutrient replenishers. Preservatives include antimicrobial, anti-oxidants, chelating agents and inert gases. Other pharmaceutically acceptable carriers include aqueous solutions, non-toxic excipients, including salts, preservatives, buffers and the like, as described, for instance, in *Remington's Pharmaceutical Sciences*, 15th ed. Easton: Mack Publishing Co.:1405-1412,1461-1487, 1975 and *The National Formulary XIV.*, 14th ed. Washington: American Pharmaceutical Association, 1975 the contents of which are hereby incorporated by reference. The pH and exact concentration of the various components of the pharmaceutical composition are adjusted according to routine skills in the art. See Goodman and Gilman's *The Pharmacological Basis for Therapeutics* (7th ed.).

The pharmaceutical compositions are preferably prepared and administered in dose units. Solid dose units are tablets, capsules and suppositories. For treatment of a subject, depending on activity of the compound, manner of administration, nature and severity of the disorder, age and body weight of the subject, different daily doses can be used. Under

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certain circumstances, however, higher or lower daily doses may be appropriate. The administration of the daily dose can be carried out both by single administration in the form of an individual dose unit or else several smaller dose units and also by multiple administrations of subdivided doses at specific intervals.

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The pharmaceutical compositions according to the invention may be administered locally or systemically in a therapeutically effective dose. Amounts effective for this use will depend on the severity of the disease and the weight and general state of the subject. Typically, dosages used *in vitro* may provide useful guidance in the amounts useful for *in situ* administration of the pharmaceutical composition, and animal models may be used to determine effective dosages for treatment of particular disorders. Various considerations are described, e.g. in Langer, *Science* 249:1527, 1990. Formulations for oral use may be in the form of hard gelatin capsules wherein the active ingredient is mixed with an inert solid diluent, for example, calcium carbonate, calcium phosphate or kaolin. They may also be in the form of soft gelatin capsules wherein the active ingredient is mixed with water or an oil medium, such as peanut oil, liquid paraffin or olive oil.

Aqueous suspensions normally contain the active materials in admixture with excipients suitable for the manufacture of aqueous suspension. Such excipients may be (1) suspending agent such as sodium carboxymethyl cellulose, methyl cellulose, hydroxypropylmethylcellulose, sodium alginate, polyvinylpyrrolidone, gum tragacanth and gum acacia; (2) dispersing or wetting agents which may be (a) naturally occurring phosphatide such as lecithin; (b) a condensation product of an alkylene oxide with a fatty acid, for example, polyoxyethylene stearate; (c) a condensation product of ethylene oxide with a long chain aliphatic alcohol, for example, heptadecaethylenoxycetanol; (d) a condensation product of ethylene oxide with a partial ester derived from a fatty acid and hexitol such as polyoxyethylene sorbitol monooleate, or (e) a condensation product of ethylene oxide with a partial ester derived from fatty acids and hexitol anhydrides, for example polyoxyethylene sorbitan monooleate.

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The pharmaceutical compositions may be in the form of a sterile injectable aqueous or oleagenous suspension. This suspension may be formulated according to known methods using those suitable dispersing or wetting agents and suspending agents which have been mentioned above. The sterile injectable preparation may also be a sterile injectable solution or suspension in a non-toxic parenterally-acceptable diluent or solvent, for example, as a solution in 1,3-butanediol. Among the acceptable vehicles and solvents that may be employed are water, Ringer's solution, and isotonic sodium chloride solution. In addition, sterile, fixed oils are conventionally employed as a solvent or suspending medium. For this purpose, any bland fixed oil may be employed including synthetic mono-or diglycerides. In addition, fatty acids such as oleic acid find use in the preparation of injectables.

HA together with an antibody of the present invention may also be administered in the form of liposome delivery systems, such as small unilamellar vesicles, large unilamellar vesicles and multilamellar vesicles. Liposomes can be formed from a variety of phospholipids, such as cholesterol, stearylamine, or phosphatidylcholines.

Dosage levels of the compounds of the present invention are of the order of about but not limited to 0.5mg to about 10mg per kilogram body weight, with a preferred dosage range between about 5mg to about 20mg per kilogram body weight per day (from about 0.3g to about 1.2g per patient per day). The amount of active ingredient that may be combined with the carrier materials to produce a single dosage will vary depending upon the host treated and the particular mode of administration. For example, a formulation intended for oral administration to humans may contain about 5mg to 1g of an active compound with an appropriate and convenient amount of carrier material which may vary from about 5 to 95 percent of the total composition. Dosage unit forms will generally contain between from about 5mg to 500mg of combined active ingredient or individual active ingredient.

It will be understood, however, that the specific dosage level for any particular patient will depend upon a variety of factors including the activity of the specific compound employed, the age, body weight, general health, sex, diet, time of administration, route of

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administration, rate of excretion, drug combination and the severity of the particular disease undergoing therapy.

In addition, some of the compounds of the instant invention may form solvates with water  
5 or common organic solvents. Such solvates are encompassed within the scope of the invention.

The formulations of the present invention may be administered as a monotherapy (see examples in Table 2) or combination therapy to provide an operative treatment. It is  
10 intended to include any chemically compatible combination of chemotherapeutic agents, including antibodies and non-antibody therapeutics. Table 3 below provides a non-limiting list of examples of the types of combination therapies contemplated by the present invention.

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**TABLE 2**  
*Monotherapy formulations*

Formulation	Formulation	Formulation	Formulation
HA and ABX-EGF	HA and Gemtuzumab ozogamicin	HA and mAb CC49-deltaCH2	HA and MEDI-507
HA and Alemtuzumab	HA and hA20	HA and mAb Ch14.18	HA and MLN2704
HA and Apolizumab	HA and HCBE-11	HA and mAb CP-675,206	HA and Pertuzumab
HA and Bevacizumab	HA and Hun901	HA and mAb HeFi-1	HA and RAV12
HA and Cantuzumab	HA and Ibritumomab tiuxetan	HA and mAb Hu3S193	HA and Rituximab
HA and Cetuximab	HA and IDEC 159	HA and mAb HuG1-M195	HA and SGN-30
HA and cG250	HA and Infliximab	HA and mAb huHMFG1	HA and SGN-40
HA and cmc-544	HA and Lumiliximab	HA and mAb J591	HA and Tositumomab
HA and Daclizumab	HA and mAb 3F8	HA and mAb MDX-CTLA4	HA and Trastuzumab
HA and Epratuzumab	HA and mAb b43.13	HA and mAb MiK-beta-1	HA and TRM-1 (TRAIL R1 Mab)
HA and erlotinib	HA and mAb BC8	HA and MDX-010	HA and Yttrium-ibritumomab

**TABLE 3**  
*Examples of Combination Therapies*

<b>First component*</b>	<b>Second or further components/treatments</b>
HA and antibody	HA and antibody*
HA and antibody	HA and chemotherapeutic agent (for example, but not limited to, irinotecan or doxorubicin or fluorouracil or leucovorin or oxaliplatin or methotrexate or gemcitabine )
HA and antibody	Chemotherapeutic agent alone (for example, but not limited to, irinotecan or doxorubicin or fluorouracil or leucovorin or oxaliplatin or methotrexate or gemcitabine )
HA and antibody	Chemotherapy treatment regimes (for example, but not limited to, FOLFOX, FOLFIRI, IFL)
HA and antibody	antibody
HA and antibody	Radiation treatment
HA and antibody	Surgery
Antibody	HA and antibody (for examples see Table 1)
Antibody	HA and Chemotherapeutic agent (for example, but not limited to, irinotecan or doxorubicin or fluorouracil or leucovorin or oxaliplatin or methotrexate or gemcitabine)
Antibody	HA and chemotherapy treatment regimes (for example, but not limited to, FOLFOX, FOLFIRI, IFL)

\*see Table 2, above for examples which include HA and cetuximab (HyERB), HA and  
5 bevacizumab (HyBEV), etc

The antibody formulation of the present invention may be used in a combination with various standard chemotherapy treatments. Such standard treatments include, for example, FOLFOX (fluorouracil, leucovorin and oxaliplatin), FOLFIRI (comprising irinotecan,  
10 leucovorin and fluorouracil) and IFL (comprising irinotecan, fluorouracil and leucovorin). These standard treatments are well known to a person of ordinary skill in the art.

- 45 -

The subject invention is now further described by way of reference only to the following non-limiting examples. It should be understood, however, that the examples following are illustrative only, and should not be taken in any way as a restriction on the generality of the invention described above. In particular, while the present invention is described in detail  
5 in relation to cancer, it will be clearly understood that the findings herein are not limited to treatment of cancer. For example, HA/antibody compositions may be used for treatment of other conditions such as infection by pathogenic agents.

The following Examples can be performed to test the efficacy of antibodies administered  
10 subsequent to, or in combination with HA for the treatment of cell proliferative disorders. The cell lines used in these experiments are obtainable from, for example, the American Type Culture Collection (ATCC) located in Manassas, VA, USA.

The Examples described below are only one set of experiments that can be performed.  
15

One skilled in the art will understand that any given antibody can be tested on a number of different types of cancer, and that the specific type of cancer cells used in the examples are only one of the multiple cell types that can be used.

20 The following non-limiting examples are illustrative of the invention. All documents mentioned herein are incorporated herein by reference in their entirety.

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### EXAMPLE 1

#### *Effect of HA and anticancer antibodies on cancer cells in vitro*

The following example sets forth how one of skill in the art can compare the effects of any one of the antibodies listed in Table 1 when formulated with HA for the treatment of a hyperproliferative disease such as cancer.

A cancer cell line is grown and subcultured as a monolayer in 175cm<sup>2</sup> culture flasks in Leibovitz L-15 Medium supplemented with 10% v/v Fetal calf serum (FCS) and antibiotic/antimycotic reagents at 37°C in humidity controlled incubator with 100% v/v air.

For the tests, cell lines are grown in 90% Leibovitz L-15 medium supplemented with 10% v/v FCS. When confluent the cultures are washed 1 X in HBSS and trypsinized in 0.25% w/v trypsin/0.05% w/v EDTA. The cell suspension is counted with an automated cell counter (ZM-2 Coulter Counter) by adding 15mL saline + 0.2mL of cell suspension. Cells are resuspended to a number of between 5,000 and 50,000 cells/mL of media.

The cells are plated into 48-well plates (1cm<sup>2</sup> surface area) by adding 1mL of cell suspension per well.

Cells are allowed to attach for 24 hours, before the media is removed, monolayers washed. The test media contains growth media containing anticancer antibodies formulated with hyaluronan as a sole therapy or in combination with standard chemotherapeutic agents.

The cells are exposed to the several formulations of HA/antibodies as a sole therapy or in combination with standard chemotherapeutic agents for different times and at different concentrations.

After the incubation and growth periods the cell monolayers are washed with HBSS and trypsinized. The cell suspension is counted with an automated cell counter by adding saline + cell suspension. Results are expressed as % of no drug control which is calculated as:

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Cell count X 100

Cells in no drug control

Or depending on the experiment as % of drug control, calculated as:

5

Cell count X 100

Cells in drug control

10 The increase in treatment efficacy is determined by comparing the concentration of the HA antibody and/or chemotherapeutic agent combination required to render a cytotoxic effect on 50% of the cell population (IC<sub>50</sub>).

## EXAMPLE 2

### *Efficacy of anticancer antibodies formulated with Hyaluronan In Vivo*

15

Based on the results from the *in vitro* drug sensitivity experiments in Example 1, evaluation of the treatment efficacy of hyaluronan formulated with anticancer antibodies for the treatment cancer *in vivo* will be evaluated.

20 Cell lines are grown and subcultured as previously described in Example 1. For injection into mice, cells are grown to 80% confluency, trypsinized, washed twice by centrifugation, counted and resuspended in serum-free Leibovitz L-15 medium.

25 Six to eight weeks old athymic CBA/WEHI nude mice are maintained under specific pathogen-free conditions, with sterilized food and water available *ad libitum*. Each mouse receives one injection containing approximately  $5 \times 10^6$  cells in 50 $\mu$ l. Tumor measurements are made weekly by measuring three perpendicular diameters (d<sub>1</sub>d<sub>2</sub>d<sub>3</sub>). Tumor volume is estimated using the formula:

30  $(1/6)\pi (d_1 d_2 d_3)$

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Treatment with anticancer antibodies and HA are commenced when tumor volume reaches 50-100mm<sup>3</sup>. Individual injections of anticancer antibodies formulated with HA are prepared according to individual mouse masses, with the aim of delivering a therapeutically effective dose to each mouse.

5

Animals are weighed and tumor volumes are measured on the day of treatment application. Animals are injected via the tail vein.

The experimental end-point occurs when:

10

1. Tumor mass is so large the animal is immobilized;
2. Animal is not eating or drinking and has experienced dramatic weight loss; or

15

3. Tumor size is greater than 10% of body mass.

At the experimental end-point the animals are anaesthetized by intra-peritoneal injection of Nembutal, blood is collected followed by killing of the animals using cervical dislocation.

20

Immediately after killing the mouse the tumor, liver, heart, spleen, bladder, left and right kidneys, uterus, lungs, stomach, intestines, brain and lymph nodes are excized and placed in formalin and cetylpyridinium chloride. The tissue is fixed for 16-24h before histological processing. Fixed tissue is dehydrated stepwise to 100% ethanol and embedded in paraffin blocks from which sections are placed on glass microscope slides. Staining the tissue sections with a haematoxylin nuclear stain and eosin cytoplasmic stain highlights any pathological features that could indicate treatment toxicity.

25

Lymph nodes which drained the tumor area are collected from each animal.

30

The haematoxylin and eosin stained lymph nodes are examined where each node will be

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microscopically examined for the presence of tumor cells. The CEA immunostained lymph nodes are microscopically examined, where any positively stained nodes are counted and considered positive for lymph node metastasis.

- 5 Tumor volume is monitored on a daily or weekly basis by caliper measurements and tumor volume calculated as previously described.

For demonstration of any weight changes the animal body weight is normalized to the body weight at the time of treatment commencement as

10

Body mass (ex tumor)- body mass at commencement of treatment (ex tumor)

Body mass at commencement of treatment (ex tumor) X 100

***Effect of treatment on organ mass***

- 15 To ensure that treatment does not induce organ atrophy or enlargement, the organs are removed and weighed during the post mortem. The mass of each organ will be calculated as a % of the overall net body weight, and compared to the organ masses of a control group.
- 20 The overall animal survival time is calculated as the time (days or weeks) that the animal lived after the commencement of treatment.

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### EXAMPLE 3

#### *Evaluation of the effect of hyaluronan on the anti-tumoral properties of cetuximab (Erbix) in the treatment of human colon cancer*

5 To evaluate the effect of hyaluronan on the efficacy of therapeutic doses of cetuximab in the treatment of both colon cancer in nude mice as either monotherapy or in combination with irinotecan or its hyaluronan formulation (HyCAMP). Specific consideration of the follow efficacy parameters:

- 10
- Primary Tumor Volume
  - Cancer Metastasis
  - Treatment toxicity in relation to
    - Body mass
    - Organ mass
    - Survival
- 15

#### *Test and Control Articles*

The test articles and dosages which will be used in the study are as follows:

- 20
- Hyaluronic Acid (800-900kD modal molecular weight); dosage 150mg/kg or 26.6mg/kg
  - Cetuximab (Erbix; or ERB); dosage 0.5 mg/kg
  - Irinotecan Hydrochloride (Camptosar or CPT-11); dosage 50mg/kg
  - HyERB (150/0.25) containing 150mg/kg HA & 0.25 mg/kg cetuximab
  - 25 • HyERB (150/0.5) containing 150mg/kg HA & 0.5 mg/kg cetuximab
  - HyCAMP(26.6/50) containing 26.6mg/kg HA & 50 mg/kg irinotecan

#### *Human Colon Carcinoma Cell Line*

30 The human colon carcinoma cell line LIM1215 colon carcinoma cell line was routinely cultured as monolayer in 75cm<sup>2</sup> culture flasks in RPMI1640 media supplemented with 5% v/v fetal calf serum, 10µg/ml bovine insulin, 1mM hydrocortisone and

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antibacterial/antimycotic stock. For generation of the primary tumor and injection into mice, cells were grown to 80% confluency, trypsinized in 0.05% trypsin/0.01% w/v EDTA solution, washed twice by centrifugation in a Beckman TJ-6 bench centrifuge at 400gav for 10min, and counted using a Coulter counter then resuspended in RPMI1640 media at 2  
5  $\times 10^8$  cell/ml. This cell line was chosen due to its CD44 receptor, its responsiveness to irinotecan only or when formulated with HA (HyCAMP) compared with irinotecan chemotherapy in a xenograft model and that cellular proliferation is controlled by TGF- $\alpha$ /EGF-R autocrine loop.

#### 10 *Mouse Tumor Model*

Athymic CBA/WEHI nude female mice, were maintained under specific pathogen-free conditions, with sterilized food and water available ad libitum. Each mouse received one injection containing  $1 \times 10^7$  cells in 50-100 $\mu$ l. The cells were injected with a 26-gauge needle into the mammary fat pad directly under the first nipple.

15

Treatment with (i) saline, (ii) HA, (iii) cetuximab (ERB), (iv) the formulation comprising HA & cetuximab (HyERB), (v) cetuximab/irinotecan and (vi) HA & cetuximab / HA & irinotecan (HyERB/HyCAMP) was commenced approximately 4-8 weeks after the tumor volume was in the range of 50-100mm<sup>2</sup>. Therapies were delivered by bolus IV on day 1  
20 and 4 for a total of 5-weeks. Administration of irinotecan or HyCAMP was day 1 of a 7-day cycle for a total of 5-weeks. Mice were observed for 120-days for tumor re-growth. Table 4 below provides the dosage components and the mean tumor volume of each treatment group at commencement of treatment.

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**TABLE 4**  
*Tumor volume at commencement of treatment*

Treatment Group*	Dosage of components in first formulation per animal (mg/kg)		Dosage of components in second formulation per animal (mg/kg)		Tumor volume at commencement of treatment Mean $\pm$ SD	
	HA	cetuximab	HA	irinotecan	Tumor volume (mm <sup>3</sup> )	as % of body mass
Control: Saline	-	-	-	-	79.54 $\pm$ 8.2	0.46 $\pm$ 0.07
Control: HA-only	150	-	-	-	81.13 $\pm$ 11.7	0.46 $\pm$ 0.07
Monotherapy: HA & cetuximab = HyERB(150/0.5)	150	0.5	-	-	53.51 $\pm$ 3.8	0.27 $\pm$ 0.03
Monotherapy: HA & cetuximab = HyERB(150/0.25)	150	0.25	-	-	53.51 $\pm$ 3.8	0.27 $\pm$ 0.03
Monotherapy: Cetuximab-only ERB(0.5)	-	0.5	-	-	56.27 $\pm$ 6.9	0.28 $\pm$ 0.06
Monotherapy: Cetuximab-only ERB(0.25)	-	0.25	-	-	56.27 $\pm$ 6.9	0.28 $\pm$ 0.06
Combination therapy: HA & cetuximab (HyERB) with HA & irinotecan (HyCAMP) = HyERB/HyCAMP	150	0.5	26.6	50	76.1 $\pm$ 6.9	0.52 $\pm$ 0.08
Combination therapy: cetuximab & irinotecan = ERB/CAMP or ERB/CPT-11	-	0.5	-	50	71.63 $\pm$ 5.96	0.51 $\pm$ 0.06

\*8 animals per treatment group.

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***Animal Maintenance and Housing***

Athymic CBA/WEHI nude female mice, 6 to 8 weeks old, were maintained under specific pathogen-free conditions, with sterilized food and water available *ad libitum*. It has been experimentally proven that stress can be a major factor in a patient's response to chemotherapy therefore it will be ensured that equal numbers of mice are allocated to each cage.

***Administration of drugs and control vehicles***

- The mice were randomly distributed into each of six treatment groups (n=8 per group).
- 10 Individual mice were placed in an injection box and treatment administration was via the tail vein using a 26-gauge needle. To ensure the accuracy of each administered dosage, syringes were weighed before and after injection using an analytical; four decimal place balance.
- 15 The administration schedule for each group is listed in Table 5 below.

**TABLE 5**  
*Treatment administration protocol*

Treatment Group*	Dosage of components in first formulation per animal (mg/kg)		Dosage of components in second formulation per animal (mg/kg)		Administration Protocol
	HA	cetuximab	HA	irinotecan	
Control: Saline	-	-	-	-	Day 1, 4 X 5 weeks
Control: HA-only	150	-	-	-	Day 1, 4 X 5 weeks
Monotherapy: HyERB(150/0.5)	150	0.5	-	-	Day 1, 4 X 5 weeks
Monotherapy: HyERB(150/0.25)	150	0.25	-	-	Day 1, 4 X 5 weeks
Monotherapy: ERB(0.5)	-	0.5	-	-	Day 1, 4 X 5 weeks
Monotherapy: ERB (0.25)	-	0.25	-	-	Day 1, 4 X 5 weeks
Combination therapy: HA & cetuximab (HyERB) with HA & irinotecan (HyCAMP) = HyERB/HyCAMP	150	0.5	26.6	50	Day 1, 4 X 5 weeks Day 1, 8 X 5 weeks
Combination therapy: cetuximab & irinotecan = ERB/CAMP or ERB/CPT-11	-	0.5	-	50	Day 1, 4 X 5 weeks Day 1, 8 X 5 weeks

- 5 A sterile stock of cetuximab (Erbix) was purchased as a single vial containing 100mg in a final volume of 50mL (2mg/mL). Pre-clinical data in the GEO xenograft model demonstrates that a dosaging regimen of 0.25 to 1mg/injection given every 3 days for a total of 5-doses is considered optimal in the delay of tumor growth. Alternate regimens of 0.25mg/injection given twice weekly (days 1 and 4) for 5 weeks in the same xenograft
- 10 model as well as 0.25-, 0.5-, and 1mg/injection twice weekly (days 1 and 4) for 3 weeks

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show comparable antitumor activity. These dosages are therefore chosen as a reference point for treatment in this study where mice received a dose of 0.35mg/injection.

A sterile stock solution of 20mg/ml of irinotecan and diluted to 4mg/mL in 0.9% (w/v) pyrogen-free injection grade NaCl and used to prepare injections of irinotecan formulated with HA.

Individual injections were prepared according to individual mouse masses, with the aim of delivering 50mg/kg irinotecan (equivalent to human therapeutic dose of 208mg/m<sup>2</sup>; MIMS1999). Single batches of 10mg/mL solution were prepared and packaged into single use 100mL sterile glass vials and undergo standard chemical and microbiology testing. Hyaluronan formulated with irinotecan [HyCAMP(150/50)] was prepared by mixing a portion of the 4mg/ml irinotecan stock with the hyaluronan solution to a final HA concentration equivalent to 150mg/kg of mouse mass and 50mg/kg irinotecan. Hyaluronan formulated with cetuximab [HyERB(150/0.5)] was prepared by mixing a portion of 2mg/mL cetuximab stock with the HA solution to a final HA concentration of 150mg/kg of mouse mass and 0.5 mg/kg cetuximab.

The treatments were quantitatively administered via the tail vein. The injection syringe was weighed before and after injection and the weights recorded. The dose administered was calculated using the following formulas:

$$\text{volume injected (ml)} = \text{mass of syringe before injection (g)} - \text{mass of syringe after injection (g)}$$

$$\begin{aligned} \text{concentration in} &= \text{stock solution concentration X dilution factor} \\ \text{injection solution} & \\ \text{(mg/ml)} & \end{aligned}$$

$$\text{Mass injected (mg)} = \text{concentration in injection solution (mg/ml)} \times \text{volume injected (ml)}$$

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$$\text{Dose administered (mg/kg)} = \frac{\text{mass injected (mg)} \times 1000}{\text{mouse mass (g)}}$$

### ***Monitoring of body mass, tumor volume and animal well being***

Upon commencement of treatment, animal observations were made on a daily basis, including the day of experimental end-point and recorded. Animals were weighed, tumor  
 5 volumes measured and animal well being monitored by noting energy levels and evidence of GI tract toxicity such as diarrhoea. Weight loss was monitored by calculating net body weight as estimated by subtracting tumor weight, which is calculated as  $1\text{g} \times \text{tumor volume (cm}^3\text{)}$ . For demonstration of any weight changes the animal body weight was normalized to the body weight at the time of treatment commencement as:

10

$$\frac{\text{Body mass (ex tumor)} - \text{Body mass at commencement of treatment (ex tumor)} \times 100}{\text{Body mass at commencement of treatment (ex tumor)}}$$

### ***Killing of animals at experimental end-point***

At the experimental end-point the animals were anaesthetized by a 0.1ml intra-peritoneal injection of Nembutal (60mg/ml), blood was collected followed by killing of the animals  
 15 using cervical dislocation.

### ***Collection and processing of tumor and body organs***

Immediately after killing the mouse the tumor, liver, heart, spleen, bladder, left and right kidneys, uterus, lungs, stomach, intestines, brain and lymph nodes were excized and  
 20 weighed and placed in 10% formalin buffer. The tissues were fixed for 16-24h before histological processing. Fixed tissue were dehydrated stepwise to 100% ethanol and embedded in paraffin blocks from which 2-4 $\mu\text{m}$  sections were placed on glass microscope slides. The tissue sections were stained with a haematoxylin nuclear stain and eosin cytoplasmic stain. The organ sections were examined for features that could indicate  
 25 treatment toxicity and for the presence of tumor cells.

*Analysis of Data*

Comparison of treatment and control group data were achieved by statistical analysis using parametric t-test analysis. On failing of normal distribution, implementation of non-parametric analysis were carried out using:

5

- Mann-Whitney Rank Sum
- One-way Anova

The data analysis were divided into six sections:

10

- **Tumor Volume** (The source data will be the measurements recorded on observation sheets. The tumor mass data required for the Hydration Value was sourced from animal autopsy sheets.)
- **Starting Tumor Volume** (Defined as the tumor volume (mm<sup>3</sup>) on the day treatment commenced (ie. Day 1).)
- **Starting Tumor Volume as a Percentage of Net Body Weight** (was calculated using the following formula:

15

$$\frac{\text{starting tumor volume (cm}^3\text{)} \times 100}{\text{body weight (g) on Day 1}}$$

20

- **Tumor Volume at Experimental end-point** was defined as the tumor volume (mm<sup>3</sup>) on the day of death. For animals which are found dead the tumor volume measured at the last observation will be used.
- **Percentage Change in Tumor Volume at Experimental End-point** - was

25

calculated using the following formula:

$$\frac{\text{end-point tumor volume (mm}^3\text{)} - \text{starting tumor volume (mm}^3\text{)} \times 100}{\text{starting tumor volume (mm}^3\text{)}}$$

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- % T/C - was calculated using the following formula:

$$\frac{\% \text{ change in tumor volume at experimental end-point of the Treatment group} \times 100}{\% \text{ change in tumor volume at experimental end-point of the Control group}}$$

### 5 ***Classification of Tumor Progression***

Following the completion of the study, mice from each treatment group were classified into one of four categories based on the extent of their tumor progression.

10 The categories and criteria for each were as follows (Maucher & von Angerer, *J Cancer Res Clin Oncol.* 120(8):502-4,1994):

Complete remission:	Tumor not palpable
Partial remission:	Tumor volume < 50% of initial (equates to values < -50 % change in tumor volume at experimental end-point)
Static Tumors:	Tumor volume 50 - 150% of initial (equates to values between -50 and 150 % change in tumor volume at experimental end-point)
Progressing Tumors:	Tumor volume > 150% of initial (equates to values > 150 % change in tumor volume at experimental end-point)

### ***Mean Tumor Volume***

The mean tumor volume was calculated using the following formula:

$$\frac{\text{sum of the tumor volumes (mm}^3\text{) of each mouse}}{\text{number of mice}}$$

15

for each week of the treatment period and plotted  $\pm$  SEM as a function of time.

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### ***Organ Mass***

To investigate possible treatment induced organ atrophy or enlargement, the organs was removed and weighed during the post mortem.

- 5 The source data including the mouse and tumor masses were recorded where any animals found dead were not included in the data analysis.

The mass of each organ was calculated as a % of the net body weight at autopsy and compared to the organ masses of the saline only control group.

10

### ***Body Mass***

The source data was the measurements recorded. Any animals found dead were not included in the data analysis.

- 15 ***% change in net body mass at experimental end-point***

Was calculated using the following formula:

$$\frac{[\text{end-point body mass (ex tumor)} - \text{body mass at commencement of treatment (ex tumor)}]}{\text{body mass at commencement of treatment (ex tumor)}} \times 100$$

### ***Mean % change in net body mass at experimental end-point***

- 20 Was calculated using the following formula:

$$\frac{\text{sum of the \% change in net body mass at experimental end-point of each mouse}}{\text{number of mice}}$$

plotted  $\pm$  SEM as a function of time.

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### *Survival*

The overall animal survival time was calculated as the time in days that the animal lived after the commencement of treatment which will be designated Day 1.

## 5 **Monotherapy: cetuximab as a sole therapy or formulated with hyaluronan**

### *Monotherapy: Comparison of the effectiveness of cetuximab and HyERB: Tumor volume*

10 The experimental end-point of the cetuximab, 0.25 and 0.5mg/kg formulated with or without 150mg/kg HA. monotherapy regimen occurred at 120 days after the commencement of treatment. Figures 1 A and B show the percentage change in tumor volume over time at different doses of cetuximab, 0.25 and 0.5mg/kg, respectively.

15 Tumor response is dose dependant when comparing the cetuximab (0.25) and cetuximab (0.5) data. The formulation of cetuximab (0.25) with HA [HyERB(150/0.25)] did not demonstrate a significant difference in tumor response but when examining the tumor growth curves it became evident that the HyERB(150/0.25) resulted in slower tumor growth. Tumors treated with ERB(0.25) reached a 400% increase in tumor volume at Day 58 while animals treated with HyERB(150/0.25) reached an equivalent tumor size at Day 20 90 thereby resulting in a tumor growth delay of 32 days (35%). Mice receiving cetuximab (0.5) with HA tumors [HyERB(150/0.5)] demonstrated an even greater response where tumors were significantly smaller than the cetuximab (0.5) treatment group. HyERB(150/0.5) therapy caused a cytotoxic response (i.e. a reduction in tumor volume) over ERB(0.5) treatment (Figure 1B), a response that has not been previously observed in 25 therapeutic antibody studies. The difference in tumor response in the HyERB(150/0.5) versus ERB(0.5) treatment group was statistically significant up to day 15.

These data, therefore, demonstrate that formulating HA with cetuximab can increase the efficacy of the therapeutic antibody.

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***Monotherapy***

In preclinical studies, a loss of weight can often be an indicator of animal well-being and disease progression. Groups treated with ERB (0.5) and HyERB (150/0.5) are shown in Figure 2. These data indicate that HyERB (150/0.5) treatment at days 15 and 22 are statistically higher than ERB (0.5) indicating the trend towards decreased disease progression when the antibody was formulated with HA.

***Monotherapy: The effect of cetuximab on survival***

Mouse survival data is shown in Figure 3. For the HyERB (150/0.5) group one mouse was humanely killed on day 99 because the tumor volume was over 1000mm<sup>3</sup>. For the ERB (0.5) treatment group one mouse was humanely killed before the experimental endpoint on day 53 and one on day 85 because tumor volumes were 1000 mm<sup>3</sup>. The remainder of the mice were killed due to completion of the treatment regimen. Increased survival due to a decrease in disease progression was observed for the HyERB group.

**Combination therapy: HyERB (150/0.5)/ HyCAMP (26.6/50) and ERB (0.5)/CAMP(50)**

***Combination therapy: comparison of the effectiveness of combination therapy on tumor volume***

Figures 4 A and B show the percentage change in tumor volume for mice receiving the combination therapy, HA formulated with cetuximab with HA formulated with irinotecan (HyERB/HyCAMP), and cetuximab formulated with irinotecan (ERB/CPT-11). Figure 4 A shows the percentage change in tumor volumen for the treatment up to day 32 (the day of the last injection). Figure 4B shows the data to experimental endpoint, day 300.

Mice receiving the combination therapy HyERB/HyCAMP display a significantly earlier tumor response when compared with the ERB/CAMP data (Figure 4 A). The vastly superior efficacy of the HyERB/HyCAMP combination over the time period to experimental endpoint, day 300, can be seen in Figure 4B where this is clearly indicated in the tumor growth curves. Animals treated with cetuximab/irinotecan (ERB/CAMP)

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demonstrated a mean increase in tumor volume of 600% by Day 135 while animals treated with HyERB/HyCAMP did not reach this degree of tumor growth, even at the experimental endpoint of 300 days.

5    ***Classification of tumor progression***

Following the completion of the study, mice from each treatment group were classified into one of four categories based on the extent of their tumor progression as estimated from tumor volume data (Table 6).

- 10   At day 92, all tumors from both the saline and HA groups were classified as either static (12.5%) or progressing (87.5%).

Comparing between the monotherapy groups, HyERB with ERB treatment, showed that the addition of HA to the antibody cetuximab resulted in a significant shift in tumor  
15   progression toward partial and complete remission from day 92.

Comparing between combination therapy groups, HyERB/HyCAMP with ERB/CAMP, showed that when HA was present, there were no static or progressing tumors; all were in complete or partial remission. In contrast, for the ERB/CAMP treatment, at day 120  
20   37.5% of tumors were progressing.

These data indicate that when HA is present in the formulation, tumor progress is altered towards remission. In conclusion, addition of HA to the combination therapy formulation significantly increased efficacy of the treatment.

25

***Combination therapy: Monitoring of body mass and disease progression***

Reduced weight loss translates to an increased animal benefit. Percentage change in net body mass in Figure 5 indicates a reduced tumor burden for the HyERB/HyCAMP combination compared to ERB/CAMP. These data indicate that the addition of HA to the  
30   combination therapy formulation decreased disease progression.

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*Combination therapy: effect on survival*

Most striking is the percentage of animals surviving when administered the HyERB/HyCAMP formulation when compared to the ERB/CAMP group (Figure 6). For the HyERB/HyCAMP group, 6 mice survived until day 300 with one mouse being  
5 humanely killed at day 211 and 218 because the tumor volume was over  $1000\text{mm}^3$ . For the ERB/CAMP group only one mouse survived until day 300. Two mice were killed on day 134, one mouse on days 141, 169 and 281 because the tumor volume was over  $1000\text{mm}^3$ . On days 211 and 294 the mice were killed due to metabolic stress (i.e. weight loss).

TABLE 6

*Classification of tumor progression in monotherapy and combination therapy treatment groups*

Test Compound	Day	Complete Remission <sup>a</sup> (%)	Partial Remission <sup>b</sup> (%)	Static Tumor <sup>c</sup> (%)	Progressing Tumor <sup>d</sup> (%)
Control: Saline	15	0	0	87.5	12.5
	46	0	0	37.5	62.5
	71	0	0	25	75
	92	0	0	12.5	87.5
	106	0	0	0	100
Control: HA-only	15	0	0	50	50
	46	0	0	37.5	62.5
	71	0	0	37.5	62.5
	92	0	0	12.5	87.5
	120	0	0	0	100
Monotherapy: HyERB(150/0.5)	15	0	25	75	0
	46	0	37	63	0
	71	0	50	37	13
	92	12	37	37	13
	113	12	50	25	12
	120	25	37.5	0	37.5
Monotherapy: ERB(0.5)	15	0	0	100	0
	46	0	0	100	0
	71	0	0	86	14
	92	0	0	86	14
	113	0	0	86	14
	120	0	0	71.4	28.6
Combination therapy: HyERB/HyCAMP	15	0	100	0	0
	46	0	100	0	0
	71	12.5	87.5	0	0
	92	12.5	87.5	0	0
	113	12.5	87.5	0	0
	120	0	100	0	0
Combination therapy: ERB/CAMP	15	0	63	37	0
	46	12.5	75	12.5	0
	71	25	63	12.5	0
	92	25	37	37	0
	113	25	37	0	37
	120	25	37.5	0	37.5

**EXAMPLE 5**

*Evaluation of the effect of hyaluronan on the anti-tumoral properties of bevacizumab  
(Avastin) in the treatment of human colon cancer*

**5 Purpose of Study**

To evaluate the effect of hyaluronan on the efficacy of therapeutic doses of bevacizumab in the treatment of both colon cancer in nude mice as either monotherapy or in combination with irinotecan and/or leucovorin and/or 5-FU. Specific consideration of the follow efficacy parameters:

10

- Primary Tumor Volume
- Cancer Metastasis
- Treatment toxicity in relation to
  - Body mass
  - Organ mass
  - Survival

15

**Materials and Methods****20 Test and Control Articles**

The test articles and dosages which will be used in the study are as follows:

- Hyaluronic Acid (800-900kD modal molecular weight); dosage 150mg/kg
- Bevacizumab (Avastin; BEV); dosage 5.0 mg/kg
- 25 • Irinotecan Hydrochloride (Camptosar or CAMP); dosage 50mg/kg
- Leucovorin ; dosage 5mg/kg
- 5-Fluorouracil (5-FU); dosage 100mg/kg
- HyBEV(150/0.5); these formulation comprise the components as 150mg/kg HA & 0.5 mg/kg bevacizumab

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Treatment with (i) saline, (ii) HA, (iii) the formulation comprising HA with bevacizumab (HyBEV) (iv), bevacizumab (BEV), (v) HyBEV and irinotecan/leucovorin/5-FU (IFL) or (vi) BEV & irinotecan/leucovorin/5-FU (IFL) was commenced approximately 4-8 weeks after the tumor volume was in the range of 50-100mm<sup>2</sup>. Therapies were delivered by bolus IV on day 1 and 4 for a total of 5-weeks. Administration of irinotecan/leucovorin/5-FU (IFL) was day 1 of a 7-day cycle for a total of 5-weeks. Mice were observed for 120-days for tumor re-growth. Table 7 provides the dosage components and the mean tumor volume of each treatment group at commencement of treatment.

10

TABLE 7

*Tumor volume at commencement of treatment*

Treatment Group*	Dosage of components in first formulation per animal (mg/kg)		Dosage of components in the second, (IFL formulation) per animal (mg/kg)#			Tumor volume (mm <sup>3</sup> ) Mean $\pm$ SD	
	HA	bevacizumab	irinotecan	leucovorin	5FU	at commencement of treatment	as percentage of body mass at commencement of treatment
Control: IFL + Saline	-	-	-	-	-	79.54 $\pm$ 8.2	0.46 $\pm$ 0.07
Combination therapy: IFL + HyBEV	150	5.0	50	5	100	81.82 $\pm$ 9.53	0.51 $\pm$ 0.05
Combination therapy: IFL + HyBEV	-	5.0	50	5	100	76.99 $\pm$ 7.27	0.48 $\pm$ 0.09

\*8 animals per treatment group.

# Note after one cycle of IFL chemotherapy dose reduction of 5-FU from 100- to 50mg/kg was undertaken due to excessive weightloss in both treatment arms. Remaining four cycles are 50mg/kg 5-FU.

*Administration of drugs and control vehicles*

The mice were randomly distributed into each of six treatment groups (n=8 per group). Individual mice were placed in an injection box and treatment administration was via the tail vein using a 26-gauge needle. To ensure the accuracy of each administered dosage, syringes were weighed before and after injection using an analytical; four decimal place balance.

20

The administration schedule for each group is listed in Table 8.

TABLE 8

*Treatment administration protocol*

Treatment Group*	Dosage of components in first formulation per animal (mg/kg)		Dosage of components in second formulation per animal (mg/kg)			Administration Protocol
	HA	bevacizumab	irinotecan	leucovorin	5FU	
Control: • IFL + saline	-	-	-	-	-	Day 1, 4 X 5 weeks
Combination therapy: • HyBEV with • IFL	150	5.0	50	5	100	Day 1, 4 X 5 weeks Day 1 X 5 weeks
Combination therapy: • BEV with • IFL	-	5.0	50	5	100	Day 1, 4 X 5 weeks Day 1 X 5 weeks

\* n= 8 per group

A sterile stock of Bevacizumab (Avastin) was purchased as a single vial containing 100mg in a final volume of 4mL (25mg/mL).

Individual injections were prepared according to individual mouse masses, with the aim of delivering 50mg/kg irinotecan (equivalent to human therapeutic dose of 208mg/m<sup>2</sup>; MIMS1999). 10mg/mL solution was prepared from batches of desiccated hyaluronan (HA) and packaged into single use 100mL sterile glass vials. Hyaluronan combined with Bevacizumab (HyBEV) was prepared by mixing a portion of 25mg/mL stock bevacizumab with the HA solution to a final HA concentration of 150mg/kg of mouse mass and 0.5mg/kg bevacizumab.

Solutions, formulations and administration for IFL treatment (i.e irinotecan and leucovorin and 5FU) were administered in a standard manner known in the art.

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The treatments were quantitatively administered via the tail vein.

For all other materials, methods and calculation used for this study, see as for Example 4.  
This includes:

5

- Human Colon Carcinoma Cell Line
- Mouse Tumor Model
- Animal Maintenance and Housing
- Monitoring of body mass, tumor volume and animal well being

10

- Killing of animals at experimental end-point
- Collection and processing of tumor and body organs
- Analysis of Data
- Classification of Tumor Progression
- Mean Tumor Volume

15

- Organ Mass
- Body Mass
- % change in net body mass at experimental end-point
- Mean % change in net body mass at experimental end-point
- Survival

20

## **Results and Conclusions**

### ***IFL with bevacizumab in the LIM1215 xenograph model: Tumor volume***

Figure 7 show the percentage change in tumor volume for mice receiving the combination therapy IFL + BEV and IFL + HyBEV. The inclusion of HyBEV with the IFL regimen  
25 results in significantly earlier tumor response (a:  $p < 0.05$ ) when compared with the IFL + BEV treatment group. These data demonstrate that the addition of HA to the antibody enhances efficacy.

***Classification of tumor progression***

At experimental endpoint (134 days) tumors were classified into one of four categories based on the extent of their tumor progression as estimated from tumor volume data according to Maucher & von Angerer, 1994 *supra*. This data is presented in Table 9.

5

**TABLE 9**

***Tumor classification at 4, 15, 32, 46, 71, 92 and 134 days in LIM1215 colon cancer xenografts receiving IFL + saline, IFL + BEV and IFL + HyBEV***

Treatment*	Complete Remission (% of mice)			Partial Remission (% of mice)			Static Tumor (% of mice)			Progressing Tumor (% of mice)		
	IFL + saline	IFL + BEV	IFL + HyBEV	IFL + saline	IFL + BEV	IFL + HyBEV	IFL + saline	IFL + BEV	IFL + HyBEV	IFL + saline	IFL + BEV	IFL + HyBEV
Day												
4	-	-	-	-	-	-	100	100	100	-	-	-
15	-	-	-	-	12.5	62.5	100	87.5	37.5	-	-	-
32#	-	-	-	-	62.5	87.5	100	37.5	12.5	-	-	-
46	-	-	-	-	75	87.5	100	25	12.5	-	-	-
71	-	-	-	-	50	87.5	50	37.5	12.5	50	-	12.5
92	-	-	12.5	-	37.5	75	16.7	37.5	-	83.3	12.5	25
134	-	-	12.5	-	12.5	37.5	-	50	12.5	100	25	37.5

10 \*IFL+ saline (n=6); IFL + BEV (n=8); IFL + HyBEV (n=8)

#Last day of treatment

The data show that IFL+ saline holds tumors static until day 71, however, by day 134 all tumor are progressing.

15

Comparing the groups, IFL + BEV with the IFL+ HyBEV at day 92, shows that the addition of HA to the treatment resulted in a shift in tumor progression toward partial and complete remission. Indicating that HA increases efficacy.

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***Gastro-intestinal toxicity: Monitoring of body mass***

Percentage change in net body mass in Figure 8 shows the difference between the IFL+saline group is significant from day 25 to 134 when compared to IFL+BEV and IFL+HyBEV groups. For the same period although a trend is observed where weight gain  
5 is better for mice receiving IFL + HyBEV when compared with those receiving IFL + BEV, these differences are not significant. The trends show that HyBEV increase animal wellbeing. These data suggest that HA is having an effect on the gastrointestinal tract by reducing toxicity, a known toxicity of bevacizumab.

- 10 Those skilled in the art will appreciate that the invention described herein is susceptible to variations and modifications other than those specifically described. It is to be understood that the invention includes all such variations and modifications. The invention also includes all of the steps, features, compositions and compounds referred to or indicated in this specification, individually or collectively, and any and all combinations of any two or  
15 more of said steps or features.

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U.S. Patent No. 4,965,353

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U.S. Patent No. 5,208,020

U.S. Patent No. 5,202,431

U.S. Patent No. 5,475,092

U.S. Patent No. 5,585,499

U.S. Patent No. 5,676,964

U.S. Patent No. 5,846,545

U.S. Patent No. 6,620,927

U.S. Patent No. 6,579,978

U.S. Patent No. 6,831,172

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## CLAIMS:

1. A formulation comprising hyaluronan (HA) or an analog or a derivative or synthesized or chemically modified form or salt thereof and a therapeutic antibody, or fragment, derivative, portion, chimera or de-immunized form thereof and optionally one or more, pharmaceutically acceptable carriers, diluents and/or excipients.
2. The formulation of Claim 1 wherein the hyaluronan or analog or derivative or synthesized or modified form thereof is in the molecular weight range of about 360 Daltons to 20,000 kDaltons.
3. The formulation of Claim 1 wherein the hyaluronan or analog or derivative or synthesized or modified form thereof is in the molecular weight range of about 360 Daltons to 2000 kDaltons.
4. The formulation of Claim 1 wherein the hyaluronan or analog or derivative or synthesized or modified form thereof is in the molecular weight range of about 20 kDaltons to 1,500 kDaltons.
5. The formulation of Claim 1 wherein the hyaluronan or analog or derivative or synthesized or modified form thereof is in the modal molecular weight range of about 860 kDaltons.
6. The formulation of any one of Claims 1 to 5 wherein the hyaluronan or analog or derivative or synthesized or modified form thereof and the antibody are not covalently bound.
7. The formulation of Claim 1 wherein the pH range of the composition is between pH 2.5 and 10.5.

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8. The formulation of Claim 1 wherein the pH range of the composition is between pH 5.0 and 8.5.
9. The formulation of any one of Claims 1 to 6 wherein the antibody, fragment, derivative, portion, chimera or fully de-immunized form thereof is for use in the treatment or prophylaxis of a cellular proliferative disease.
10. The formulation any one of Claims 1 to 6 wherein the antibody, fragment, derivative or portion thereof is selected from the group of antibodies consisting of: ABX-EGF; Alemtuzumab; Apolizumab; Bevacizumab; Cantuzumab; Cetuximab; cG250; cmc-544; Daclizumab; Epratuzumab; erlotinib; Gemtuzumab ozogamicin; hA20; HCBE-11; Hun901; Ibritumomab tiuxetan; IDEC 159; Infliximab; Lumiliximab; mAb 3F8; mAb b43.13; mAb BC8; mAb CC49-deltaCH2; mAb Ch14.18; mAb CP-675,206; mAb HeFi-1; mAb Hu3S193; mAb HuG1-M195; mAb huHMFG1; mAb J591; mAb MDX-CTLA4; mAb MiK-beta-1; MDX-010; MEDI-507; MLN2704; Pertuzumab; RAV12; Rituximab; SGN-30; SGN-40; Tositumomab; Trastuzumab (herceptin); TRM-1 (TRAIL R1 Mab); and Yttrium-ibritumomab.
11. The formulation of Claim 9 wherein the cellular proliferative disease is any one of cancer, neoplastic disease or any disease involving inflammation of tissue or release of inflammatory agents.
12. The formulation of Claim 9 wherein the cellular proliferative disease results in one or more of a tumor, neoplasm, uncontrolled hyper-proliferation or metastasis.
13. The formulation of Claim 9 wherein the cellular proliferative disease is present in one or more organs or tissues including the breast, lung, prostate, kidney, skin, neural tissue, ovary, uterus, liver, pancreas, epithelial cells, gastric tissue, intestine, exocrine, endocrine, lymphatic system, hematopoietic system, head tissue and neck tissue.

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14. The formulation of Claim 9 wherein the cellular proliferative disease occurs in a mammal.
15. The formulation of any one of Claims 1 to 6 wherein the antibody is cetuximab.
16. The formulation of any one of Claims 1 to 6 wherein the antibody is bevacizumab.
17. The formulation of any one of Claims 1 to 6 wherein the antibody is humanized.
18. The formulation of Claim 15, 16 or 17 for use in the treatment or prophylaxis of colorectal cancer.
19. The formulation of Claim 14 wherein the mammal is selected from the group consisting of primate, bovine, canine, equine, feline and porcine animal.
20. The formulation of Claim 19 wherein the primate is a human.
21. The formulation of any one of Claims 1 to 6 wherein the composition is in oral, topical or parenteral form.
22. The formulation of Claim 21 wherein the oral form is presented as a tablet, pill, capsule, lozenge, troche, powder, granule, emulsion, liquid, aqueous or oily suspension, medicine, syrup, elixir or spray.
23. The formulation of Claim 21 wherein the topical form is administered in the form of a cream, lotion, emulsion, gel, film, spray, paste or ointment.
24. The formulation of Claim 21 wherein the parenteral form is administered by subcutaneous injection, aerosol, intravenous, intramuscular, intrathecal, intracranial, intrasternal injection or infusion techniques in the form of a liquid, ointment, suppository or pessary.

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25 The formulation of any one of Claims 1 to 24 together with a second agent or composition used in the treatment of cellular proliferative disease wherein the second agent is a chemotherapeutic agent or therapeutic antibody.

26. The formulation of any one of Claims 1 to 25 wherein the bioavailability of the antibody, fragment, derivative or portion thereof is enhanced.

27. The formulation of Claim 24 wherein the HA is administered prior or subsequent to the administration of the agent.

28. The formulation of Claim 24 wherein the HA is administered prior to the administration of the agent.

29. The formulation of Claim 24 wherein the HA is administered subsequent to the administration of the agent.

30. The formulation of Claim 24 wherein the HA is orally administered.

31. The formulation of any one of Claims 1 to 30 wherein the HA is administered in an amount of about 0.01 to about 40 mg/kg of body weight.

32. The formulation of any one of Claims 1 to 30 wherein the HA is administered in an amount of about 0.1 to about 27 mg/kg of body weight.

33. A method of treatment or prophylaxis for cellular diseases in a subject, the method comprising administering to a subject in need thereof a therapeutic antibody or a fragment, derivative, portion, chimera or de-immunized form thereof and HA or an analog, a derivative or synthesized or chemically modified form or salt thereof for a time and under conditions for the symptoms of the cellular disease to be ameliorated.

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34. The method of Claim 33 wherein the hyaluronan or an analog or derivative or synthesized or modified form thereof is in the molecular weight range of 360 Dalton to 20,000 kDa.

35. The method of Claim 33 wherein the hyaluronan or an analog or derivative or synthesized or modified form thereof is in the molecular weight range of about 360 Daltons to 2000 kDaltons.

36. The method of Claim 33 wherein the hyaluronan or an analog or derivative or synthesized or modified form thereof is in the molecular weight range of about 20 kDaltons to 1,500 kDaltons.

37. The method of Claim 33 wherein the hyaluronan or an analog or derivative or synthesized or modified form thereof is in the modal molecular weight range of about 860 kDaltons.

38. The method of any one of Claims 33 to 37 wherein the hyaluronan or an analog or derivative or synthesized or modified form thereof and the antibody are not covalently bound.

39. The method of Claim 33 wherein the pH range of the composition is between pH 2.5 and 10.5.

40. The method of any one of Claims 33 to 39 wherein the antibody, fragment, derivative or portion thereof is selected from the group of antibodies consisting of: ABX-EGF; Alemtuzumab; Apolizumab; Bevacizumab; Cantuzumab; Cetuximab; cG250; cmc-544; Daclizumab; Epratuzumab; erlotinib; Gemtuzumab ozogamicin; hA20; HCBE-11; Hun901; Ibiritumomab tiuxetan; IDEC 159; Infliximab; Lumiliximab; mAb 3F8; mAb b43.13; mAb BC8; mAb CC49-deltaCH2; mAb Ch14.18; mAb CP-675,206; mAb HeFi-1; mAb Hu3S193; mAb HuG1-M195; mAb huHMFG1; mAb J591; mAb MDX-CTLA4; mAb MiK-beta-1; MDX-010; MEDI-507; MLN2704; Pertuzumab; RAV12; Rituximab;

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SGN-30; SGN-40; Tositumomab; Trastuzumab (herceptin); TRM-1 (TRAIL R1 Mab); and Yttrium-ibritumomab.

41. The method of any one of Claims 33 to 40 wherein the cellular proliferative disease is any one of cancer, neoplastic disease or any disease involving inflammation of tissue or release of inflammatory agents.

42. The method any one of Claims 33 to 41 wherein the cellular proliferative disease results in one or more of a tumor, neoplasm, uncontrolled hyper-proliferation or metastasis.

43. The method any one of Claims 33 to 42 wherein the cellular proliferative disease is present in one or more organs or tissues including the breast, lung, prostate, kidney, skin, neural tissue, ovary, uterus, liver, pancreas, epithelial cells, gastric tissue, intestine, exocrine, endocrine, lymphatic system, hematopoietic system, head tissue and neck tissue.

44. The method of any one of Claims 33 to 43 wherein the cellular proliferative disease occurs in a mammal.

45. The method of any one of Claims 33 to 37 wherein the antibody is cetuximab.

46. The method of any one of Claims 33 to 37 wherein the antibody is bevacizumab.

47. The method of any one of Claims 33 to 46 for the treatment or prophylaxis of colorectal cancer.

48. The method of Claim 44 wherein the mammal is selected from the group consisting of primate, bovine, canine, equine, feline and porcine animal.

49. The method of Claim 48 wherein the primate is a human.

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50. The method of any one of Claims 32 to 49 wherein the administering is oral, topical or parenteral.

51. The method of Claim 50 wherein the orally administered form is tablet, pill, capsule, lozenge, troche, powder, granule, emulsion, liquid, aqueous or oily suspension, medicine, syrup, elixir or spray.

52. The method of Claim 50 wherein the topically administered form is a cream, lotion, emulsion, gel, film, spray, paste or ointment.

53. The method of Claim 50 wherein the parental administration is by subcutaneous injection, aerosol, intravenous, intramuscular, intrathecal, intracranial, intrasternal injection or infusion techniques in the form of a liquid, ointment, suppository or pessary.

54. The method of any one of Claims 33 to 53 wherein the hyaluronan or an analog or a derivative or synthesized or modified form thereof is administered simultaneously, sequentially, prior to, in combination, during or subsequent to the administration of the antibody, fragment, derivative or portion thereof.

55. The method of any one of Claim 33 to 54 wherein a second agent or composition is administered when used in the treatment of cellular proliferative disease wherein the second agent is a chemotherapeutic agent or therapeutic antibody.

56. The method of Claim 55 wherein the second agent or composition comprises HA formulated with irinotecan or doxorubicin or fluorouracil or leucovorin or oxaliplatin or methotrexate or gemcitabine.

57. The method of Claim 56 wherein the second agent or composition comprises HA formulated with any of the antibodies selected from the group consisting of: ABX-EGF; Alemtuzumab; Apolizumab; Bevacizumab; Cantuzumab; Cetuximab; cG250; cmc-544; Daclizumab; Epratuzumab; erlotinib; Gemtuzumab; ozogamicin; hA20; HCBE-11;

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Hun901; Ibritumomab tiuxetan; IDEC 159; Infliximab; Lumiliximab; mAb 3F8; mAb b43.13; mAb BC8; mAb CC49-deltaCH2; mAb Ch14.18; mAb CP-675,206; mAb HeFi-1; mAb Hu3S193; mAb HuG1-M195; mAb huHMFG1; mAb J591; mAb MDX-CTLA4; mAb MiK-beta-1; MDX-010; MEDI-507; MLN2704; Pertuzumab; RAV12; Rituximab; SGN-30; SGN-40; Tositumomab; Trastuzumab (herceptin); TRM-1 (TRAIL R1 Mab); and Yttrium-ibritumomab.

58. The method of Claim 55 wherein the second agent or composition comprises irinotecan or doxorubicin or fluorouracil or leucovorin or oxaliplatin or methotrexate or gemcitabine.

59. The method of Claim 55 wherein the second agent or composition comprises any of the antibodies selected from the group consisting of: ABX-EGF; Alemtuzumab; Apolizumab; Bevacizumab; Cantuzumab; Cetuximab; cG250; cmc-544; Daclizumab; Epratuzumab; erlotinib; Gemtuzumab ozogamicin; hA20; HCBE-11; Hun901; Ibritumomab tiuxetan; IDEC 159; Infliximab; Lumiliximab; mAb 3F8; mAb b43.13; mAb BC8; mAb CC49-deltaCH2; mAb Ch14.18; mAb CP-675,206; mAb HeFi-1; mAb Hu3S193; mAb HuG1-M195; mAb huHMFG1; mAb J591; mAb MDX-CTLA4; mAb MiK-beta-1; MDX-010; MEDI-507; MLN2704; Pertuzumab; RAV12; Rituximab; SGN-30; SGN-40; Tositumomab; Trastuzumab (herceptin); TRM-1 (TRAIL R1 Mab); and Yttrium-ibritumomab.

60. The method of any one of Claims 55 to 59 wherein the second agent or composition comprises the treatment regime FOLFOX (fluorouracil, leucovorin and oxaliplatin), FOLFIRI (comprising irinotecan, leucovorin and fluorouracil) and IFL (comprising irinotecan, fluorouracil and leucovorin).

61. The method of any one of Claims 33 to 60 wherein the bioavailability of the antibody, fragment, derivative or portion thereof is enhanced.

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62. A formulation according to any one of Claims 1 to 32 or a method according to any one of Claims 33 to 61 substantially as hereinbefore defined with reference to the Examples.

63. Use of a therapeutic antibody or a fragment, derivative, portion, chimera or fully de-immunized form thereof, in combination with HA or its derivatives or synthesized or chemically modified forms or salts in the manufacture of a medicament for the treatment or prophylaxis of cellular disease.

64. The formulation of any one of Claims 1 to 6 wherein the antibody is herceptin.

65. The formulation of Claim 25 wherein the second agent or composition is irinotecan or doxorubicin or fluorouracil or leucovorin or oxaliplatin or methotrexate or gemcitabine.

66. The formulation of any one of Claims 1 to 24 together with a second composition used in the treatment of cellular proliferative disease wherein the second composition comprises HA or a derivative or synthesized or chemically modified form or salt thereof and chemotherapeutic agent or therapeutic antibody.

67. The formulation of Claim 66 wherein the formulation comprises cetuximab and second composition comprises irinotecan.

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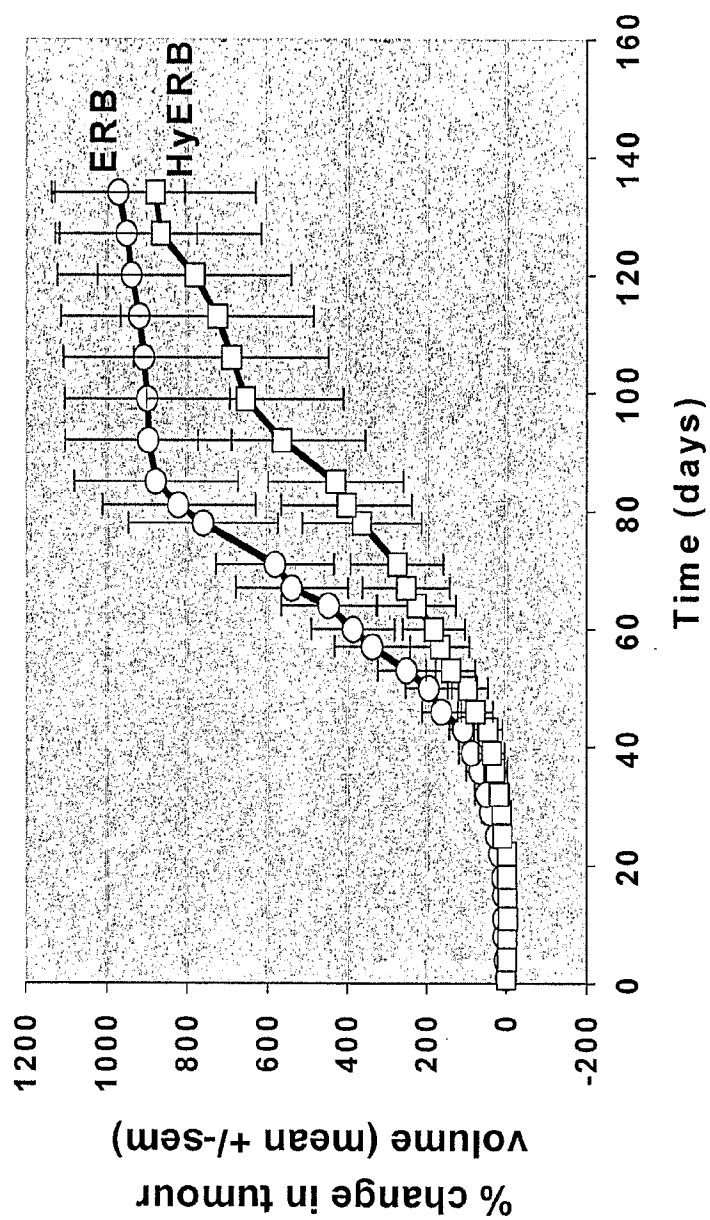


Figure 1A

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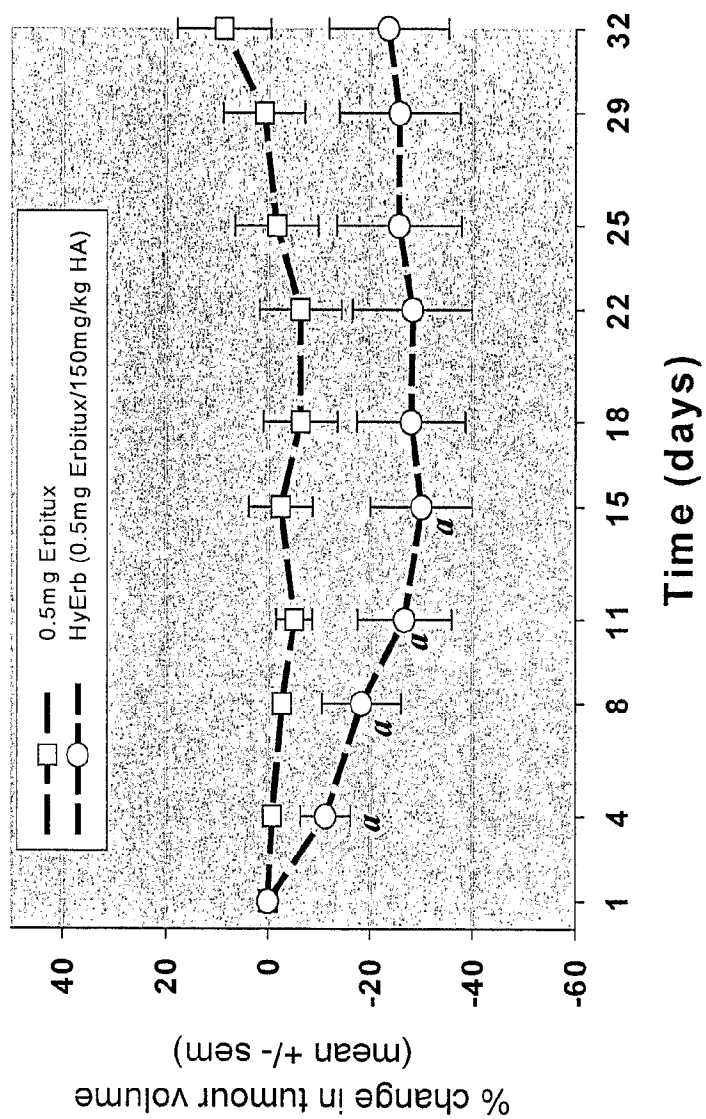


Figure 1B

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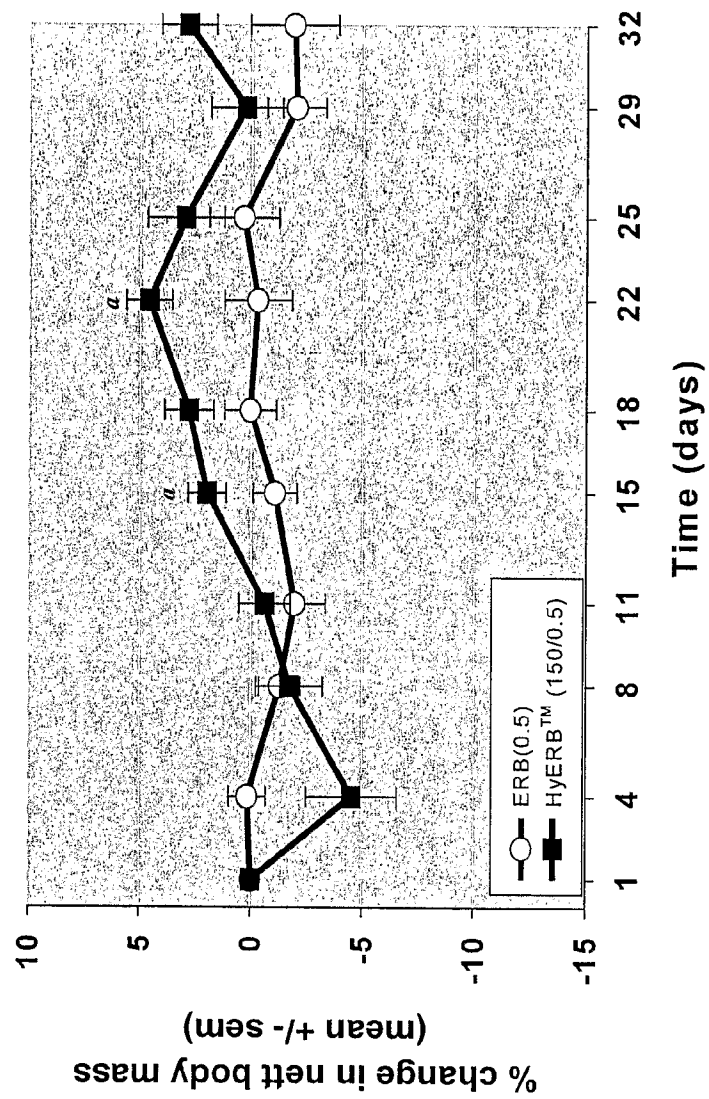


Figure 2

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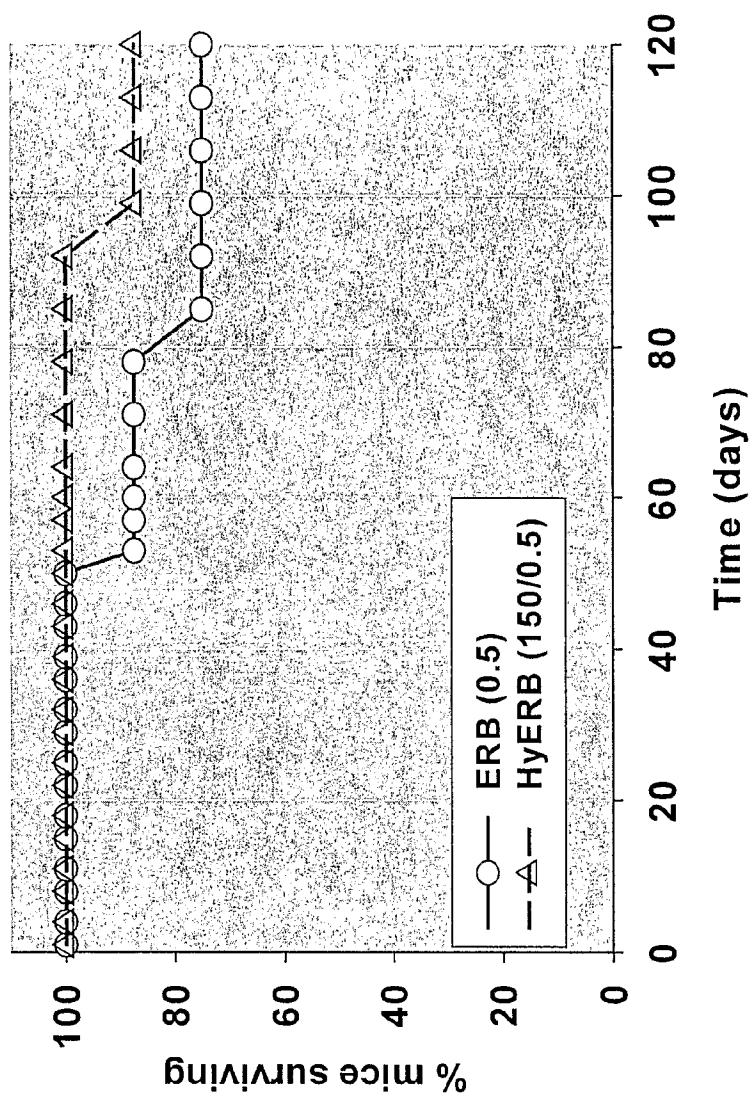


Figure 3

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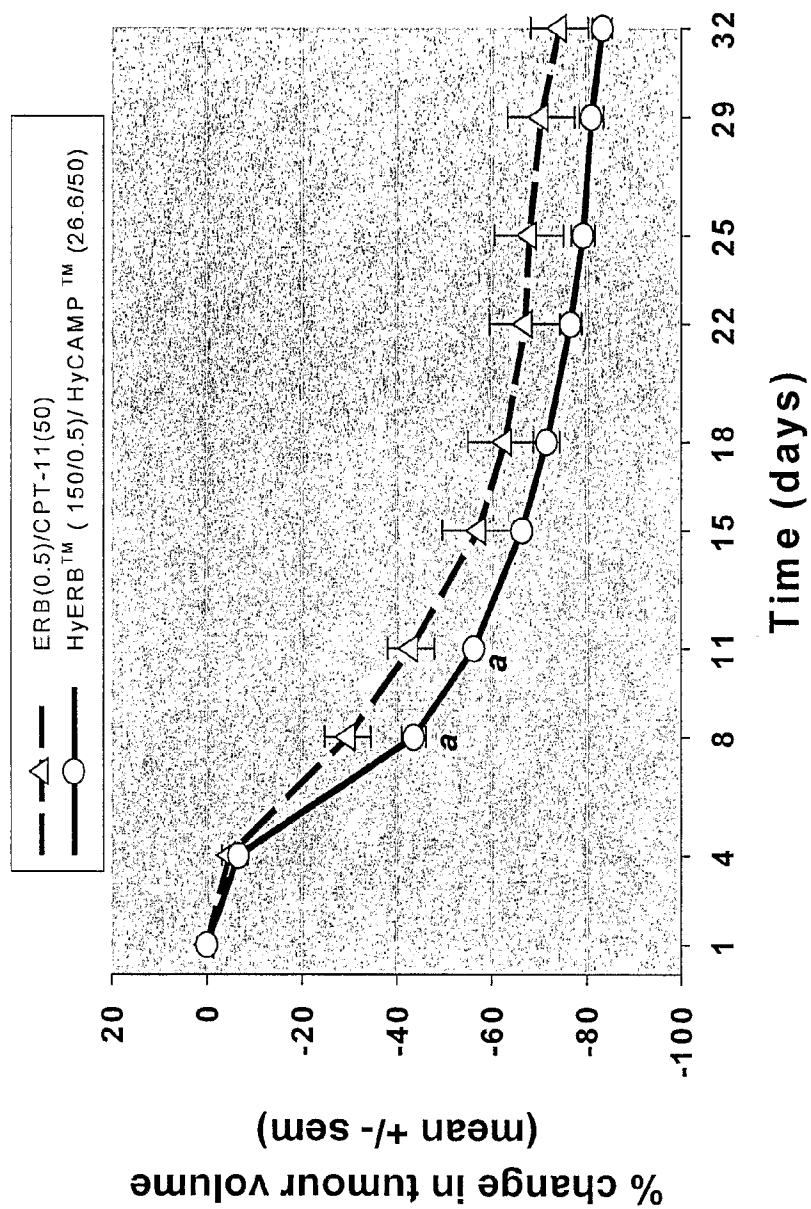


Figure 4A

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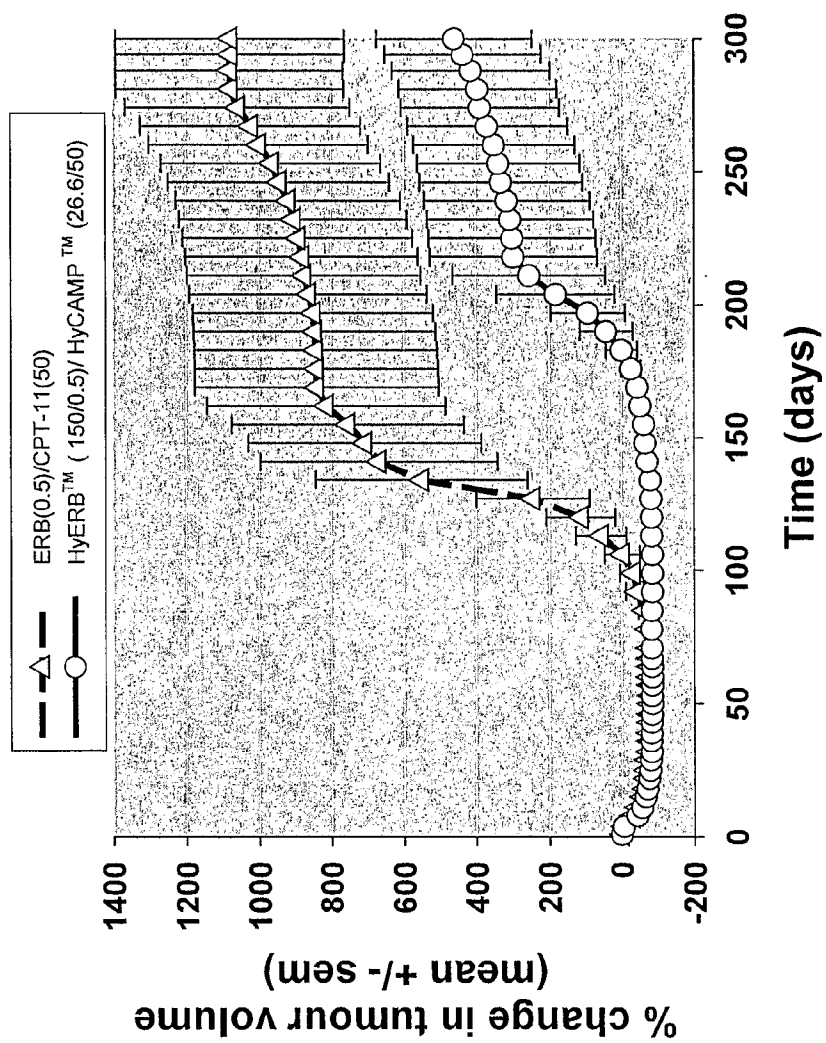


Figure 4B

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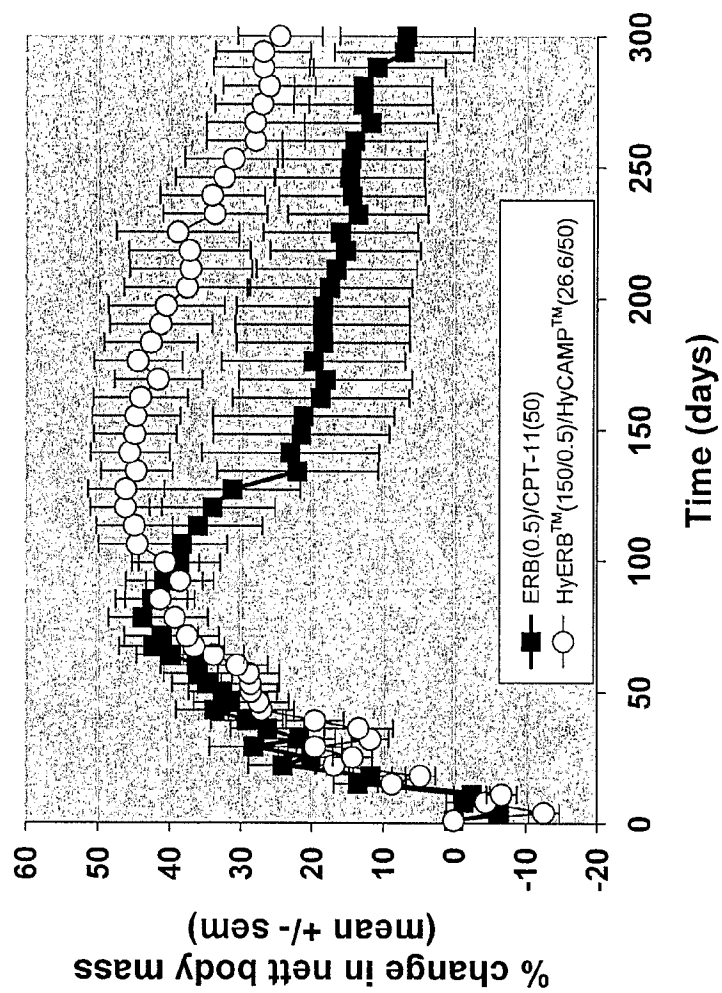


Figure 5

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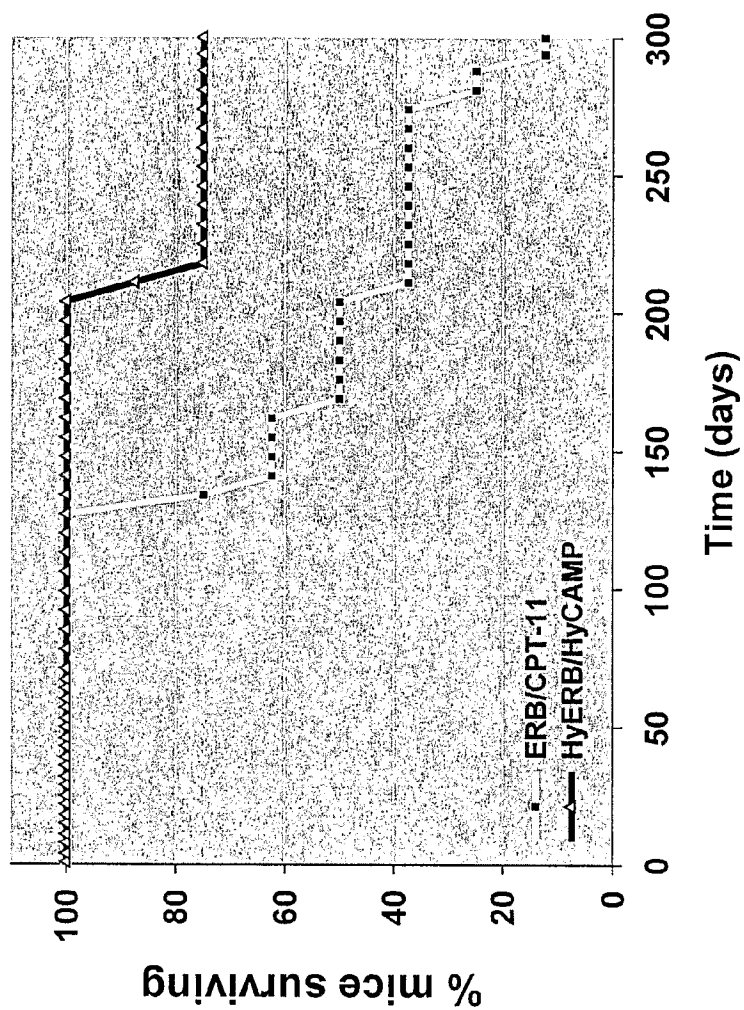


Figure 6

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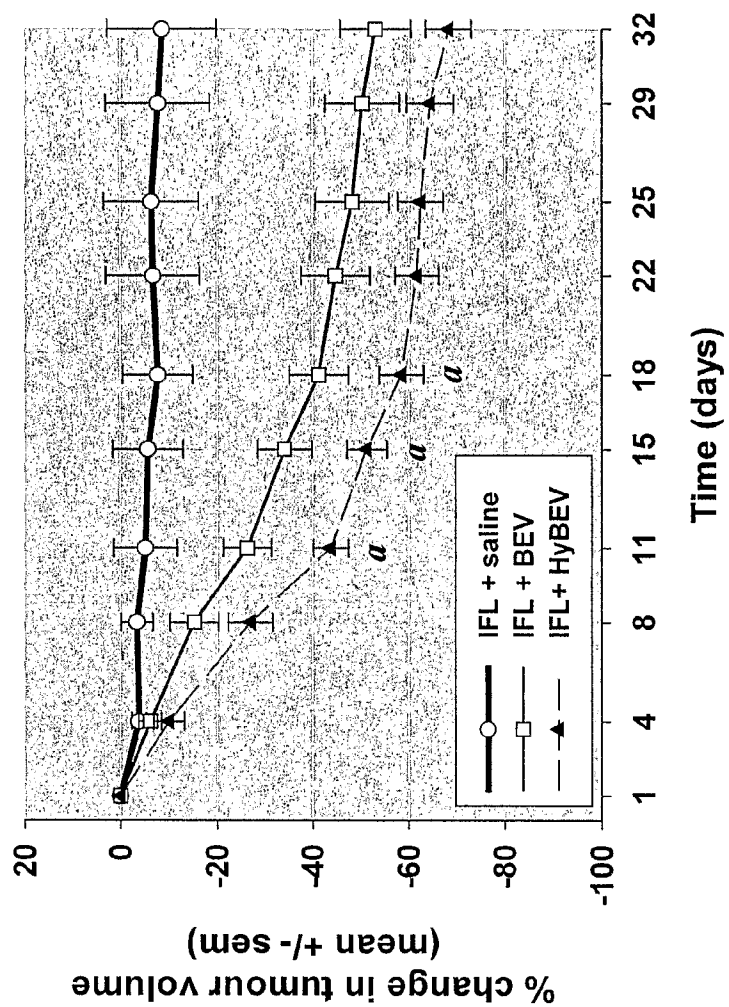


Figure 7

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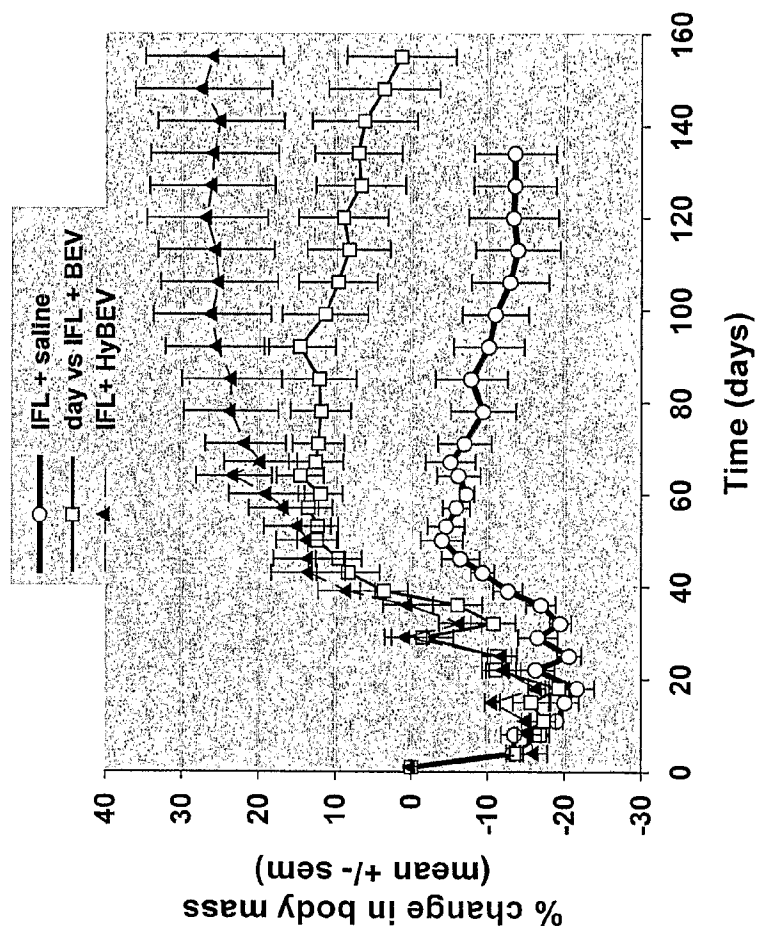


Figure 8

## INTERNATIONAL SEARCH REPORT

International application No.

PCT/AU2006/001293

## A. CLASSIFICATION OF SUBJECT MATTER

Int. Cl.

*A61K 31/728* (2006.01)      *A61K 39/395* (2006.01)      *A61P 35/00* (2006.01)

According to International Patent Classification (IPC) or to both national classification and IPC

## B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

MEDLINE, CAPLUS, WIPIDS; Hyaluronan, hyaluronic acid, hyaluronate, antibody, immunoglobulin, A61K 31/788 (2006.01), A61K 39/395 (2006.01)

## C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 2000/020642 A1 (GENZYME CORPORATION; UNIVERSITY OF FLORIDA) 13 April 2000 (see Summary of the Invention lines 21-25, page 6 lines 26-30 and claims)	1, 6-9, 11, 13, 14, 19, 21-24, 26, 31-33, 38, 39, 41, 43, 44, 48, 49, 50-54, 61, and 63
X	WO 1994/015640 A1 (GRISTINA, A.) 21 July 1994 (see abstract, page 10 lines 23-31, page 20 lines 25-31, page 29 lines 25-30 and claims)	1, 6-8, 17, 19-24, 26, 31, and 32

☒ Further documents are listed in the continuation of Box C☒ See patent family annex

* "A"	Special categories of cited documents: document defining the general state of the art which is not considered to be of particular relevance	"T"	later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"B"	earlier application or patent but published on or after the international filing date	"X"	document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
"L"	document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"Y"	document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
"O"	document referring to an oral disclosure, use, exhibition or other means	"&"	document member of the same patent family
"P"	document published prior to the international filing date but later than the priority date claimed		

Date of the actual completion of the international search  
03 October 2006Date of mailing of the international search report  
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## INTERNATIONAL SEARCH REPORT

International application No.

PCT/AU2006/001293

C (Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 2001/036656 A2 (JEDERSTROM, G.) 25 May 2001 (see abstract, page 5 lines 1-3, page 5 lines 6-8, page 7 lines 3-10 and page 8 lines 6-7)	1-4, 6-8, 21-24, 26, 31 and 32
A	WO 1995/030439 A2 (YISSUM RESEARCH DEVELOPMENT COMPANY OF THE HEBREW UNIVERSITY OF JERUSALEM; HADASIT MEDICAL RESEARCH SERVICES AND DEVELOPMENT COMPANY LTD.) 16 November 1995	

This Annex lists the known "A" publication level patent family members relating to the patent documents cited in the above-mentioned international search report. The Australian Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

Patent Document Cited in Search Report				Patent Family Member			
WO	0020642	AU	62859/99	CA	2354863	EP	1117835
		US	6841153	US	2005152895		
WO	9415640	AU	27306/97	AU	34864/97	AU	73146/94
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		EP	0722601	EP	0876157	EP	0979443
		KR	2000016604	NZ	269318	NZ	333362
		US	5505945	US	5530102	US	5625765
		US	5681565	US	5682332	US	5707627
		US	5718899	US	5742521	US	5815411
		US	5817312	US	6031545	US	6037936
		US	6064398	US	6278461	US	6307556
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WO	9530439	AU	24796/95				
Due to data integration issues this family listing may not include 10 digit Australian applications filed since May 2001.							
END OF ANNEX							